

DIRECTOR:

FUNERAL

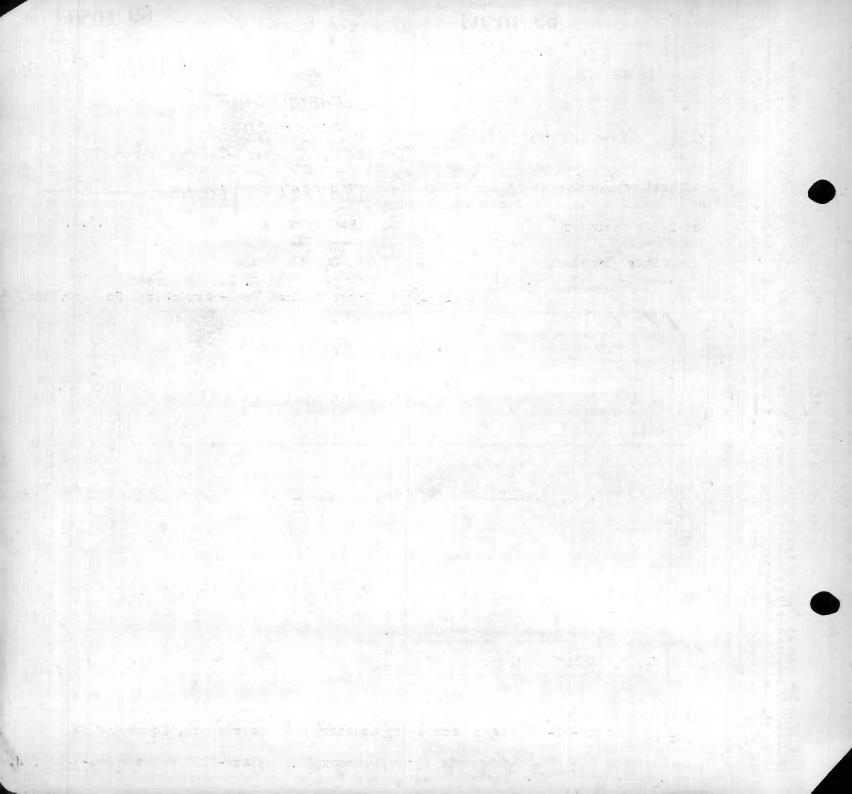
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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150-REV. 1/1/68

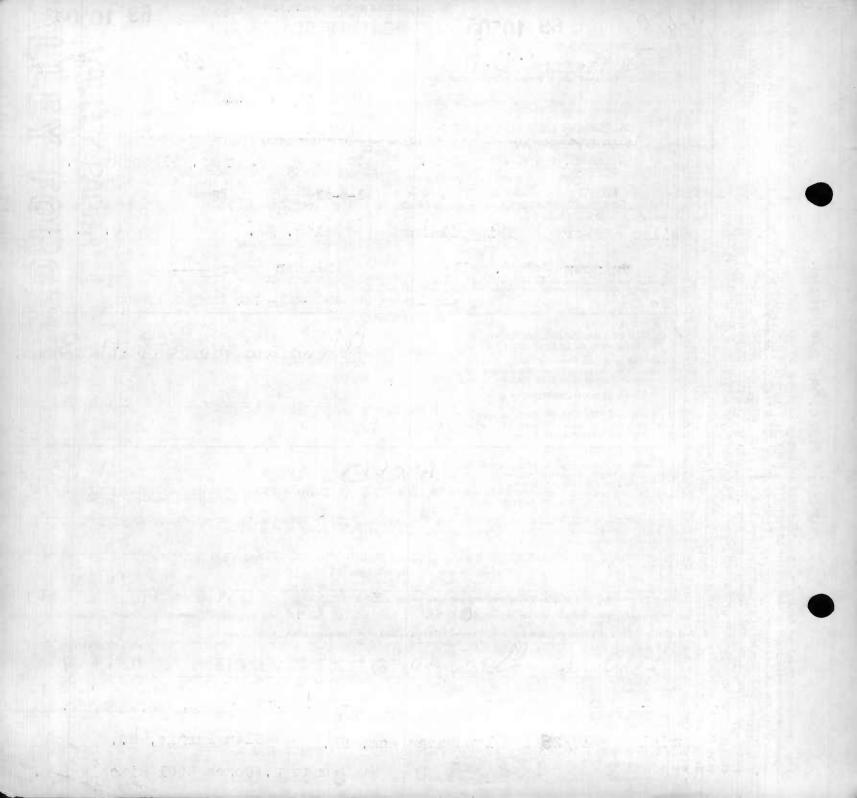


I- 260	BALTIMORE CITY	HEALTH DEPARTMENT		00 10-01
MRTH NO. 69 10	0504 CERTIFICA	TE OF DEATH	Registered No.	09 10504
M.E. CASE NO.			HOUR OF DEATH	10
Type or Print) W/m A. Fis Ahas			20/69	740
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If ins	titution: residence before admission)
		A. STATE B. COUNT	Y	15411
FULL NAME OF (If not in hospital or instit	ution, give street	Marylana		2317
INSTITUTION ,		1 B Ita	ide city limits, write K	URAL ond give township!
8 Md. General Hosp) ,	D. STREET ADDRESS (If it	rol, give location)	
)		WOOD T		Ave
SEX 6. RACE 17, MA	RRIED, NEVER MARRIED		AGE (In yeors	
MIC WIC	OWED, DIVORCED (secify)		ost birthdoy)	Months Doys Hours Min.
White	Widowed	10/11/78	91	
DA, USUAL OCCUPATION (Give kind of work 10B, Killone during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
0	ood Industry	Baltimore.	Md.	U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE .	
William A. Fischer		Unknown		
. Was Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.		4.50	C
no	212189823	Oliver Bonavi	enlure	Jame
18. 2, 95, 01	CAUSE	F DEATH	tart	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1/2	wy . 27 les	ecigisi	1 1 9
LEADING TO DEATH	(A)	mmal theum	onill's	1, \mm
(This daes not meen the made of dying, heart failure, asthenia, etc. It means the di	sease,	ussive M	cural o	Mun 1
injury ar camplication which caused deoth.)	001	FASTUS	5/1/	The Im
ANTECEDENT CAUSES	DUE TO)	10012	
DISEASES OR CONDITIONS, if ony,		41 = 000	150 Nb.	in year
rise to the obove cause (A) stating UNDERLYING CONDITION lost.	The (C)	1 DC COU	VIICASION	Chy /
	- OARO	a susing	nhon	untarch ()
OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING DENIL	101	as fort.	Hd O
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		pum. e	mo h	ULU
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		Xee	IN CERTIFYING CAU	SES OF DEATH?
J 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C+ WHERE DID	in Boltimore	City, give exact location!
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	nce bidg., INJURY OCCUR?		
)	21E. INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUP?	
OF INJURY	While At Not While		KI OCCOR:	
(APPROX)	Work At Work		,	
22. I certify that (I) (this hospital) atten	ded the deceased from	9/11	69 10 10/	20 1969
that (1) (we) last saw the deceased alive	e on 10/20	19 67 and the	t in (my) (our) anin	ian death accurred on the da
and haur and fram the causes stated abo				
23A. SIGNATURE	(1) (110) (did) (did not) V	ion the body offer death.		23B. DATE SIGNED
1 11-5011	M.D. Atte	ending Med.	Staff -	100/10
Joven gart	Phy	s. Director 1	Phy s.	10/20161
23C. PHYSICIAN'S NAME (Typel		23D. ADDRESS		
Robert H	awkins M.D.	Md. General	Hosp.	
4A. BURIAL CREMATION, 24B. DATE	AC. NAME of CEMETERY OF CRE			y, town, or county) (State)
REMOVAL (Specify)	Mondowsid	TO IT	-D formu	N/ a
Burial 10/23/69 SA. DATE REC'D BY HEALTH DEPT. 25B N	Meadowridge M	em. Pk. Hot	ward Co.,	Md.
COT OF 1000 OF AC .Z	Q. 149			
ARISA MOS AMOND of 10	WELL LAND	George J. &	once 4001	Ritchie Hwy.
S 150-REV. 1/1/65	1990	0 7 0 7		

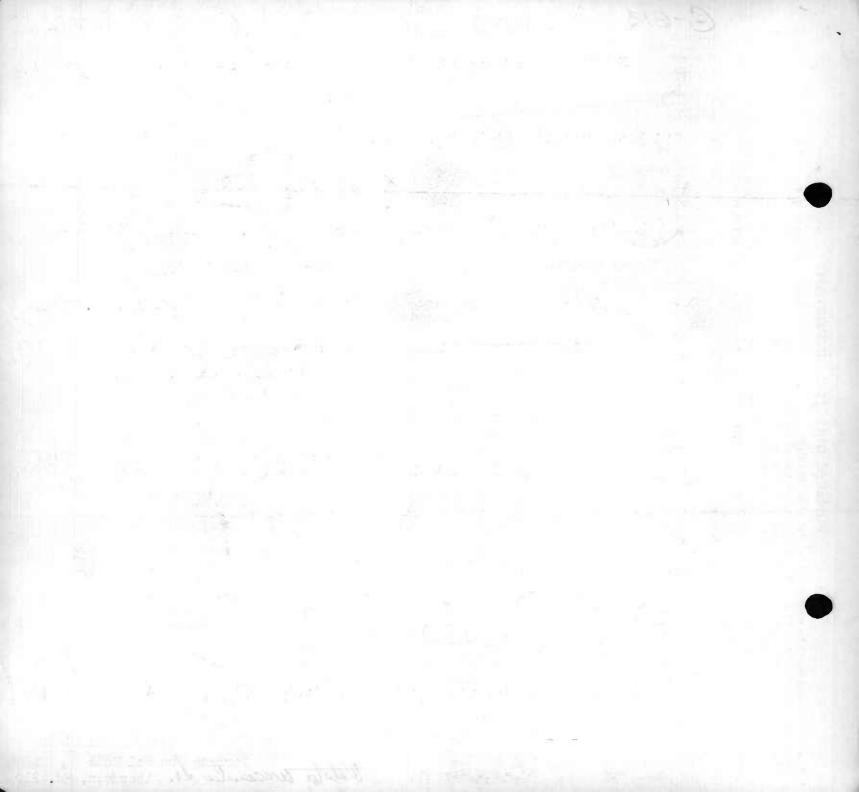
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DIRECTOR:

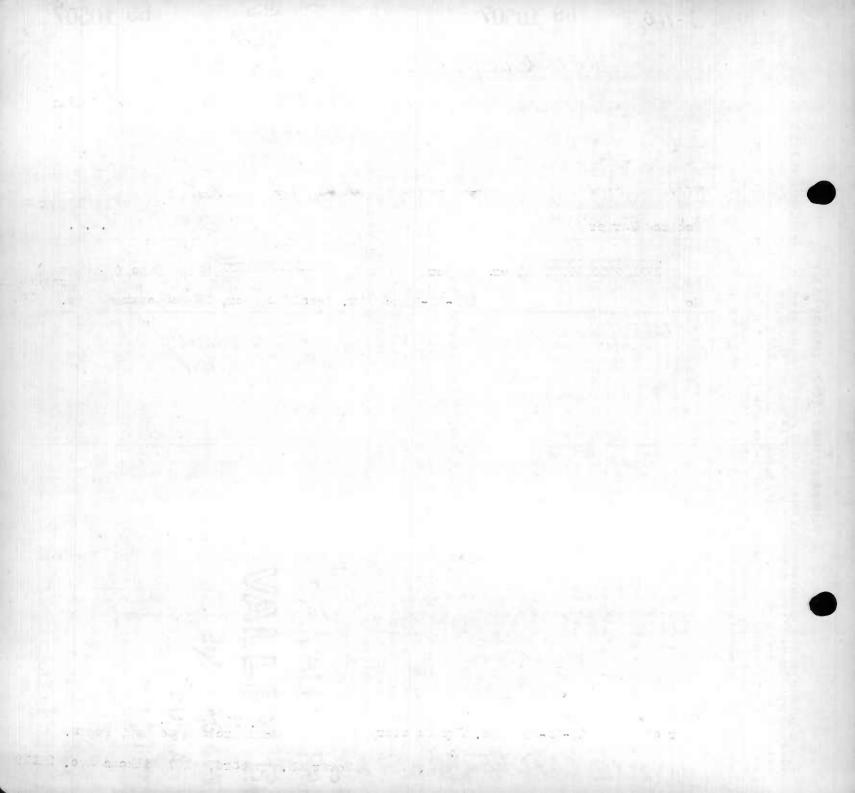
FUNERAL



G-6/3 69 10506 BALTIMORE CIT	Y HEALTH DEPARTMENT			
BIRTH NO. CERTIFICA	ATE OF DEATH X REG. NO. 69 10506			
(Type or Print) EDITH GRAFTON	2. DATE AND HOUR OF DEATH QQ, 23, 1969 14:30 A.M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before odmission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
THUBOH HOME AND HOSPITAL	BEL AIR YES NO P			
55	RT. 1 BOX 21,			
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED				
IOA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
Shoot tooler (Dur) - Schools	Harford County, Maryland			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Thomas Burlington Grafton (D)	Mary Minnick (D)			
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give war or doles of service) 16. SOCIAL SECURITY NO. 212-38-4700	17. Informant Bel Air, Md. 21014			
18. CAUSE OF DEAT	TH APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	So D' CO MIC AD SO BETWEEN ONSET AND DEATH			
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF SURVIVORS OF SURVIV				
ANTECEDENT CAUSES	111.			
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS	S A CONSEQUENCE OF:			
rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)				
	0 900 1000 100			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199-DATE OF OPERATION 198-CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING D. 1218-PLACE OF INJURY (A)	holududen + belydition. Indef			
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF home, form, foctory, street of DEATH (notify medical examines)	in or obout 21C, WHERE DID (If in Boltimore City, give exect location) ffice bldg., INJURY OCCUR?			
OF INJURY Month (Doy) (Yeor) (Hour) 21 & INJURY OCCURRED While At Not Whi	21F. HOW DID INJURY OCCUR?			
Approx.) While At Not White At Not White At Not White At Work Not White At Work Not White At No				
to the time to print of the deceded their	19 69 ta 00 23 19 69			
that (1) (we) just saw the deceased alive an Oct 33	19 and that in (my) (our) apinian death accurred an the date			
and have and from the causes stated above. (1) (We) (did) (did nat)	view the bady after death.			
23A. SIGNATURE DEGREE DEGREE	anding Med. Stoff Director Phys. 238, DATE SIGNED			
DEGREE	230. ADDRESS No. Broadeocy D. (2/231)			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)			
BURIAL 10-26-69 BAKERS CEMETER	Y ABERDEEN (HARFORD) MARYLAND			
OCT 27 1969 Caber C. Laber K.2	25C. FUNERAL DIRECTOR Tarring Funeral Home			
VS 150-REV. 1/1/68	WHOLE BEGGGENER St. Aberdeen, Md. 10			



FUNERAL DIRECTOR:



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of death

cause

a hospital and

W-324 69 1050	70	HEALTH DEPARTMEN		69 10508
IRTH NO.	CERTIFICA	TE OF DEATI		
Type or Print) LLOYD E. WI	ETZEL		October 22,	
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where deceased lived, I	f institution: residence before odmission)
ULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Maryland		1553
NOSPITAL OR ADDRESS OR LOCATION)	STITUTE STREET	C. CITY OR TOWN	D. I	NSIDE CITY LIMITS?
1810 Harmon Avenue	2	Morrell Par		YES NO
DO Baltimore, Marylan	nd	1810 Harmon	Avenue	
SEX 6. RACE 7. MARR Male White WIDOV	NEVER MARRIED	8. DATE OF BIRTH 7-25-1887	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10B. KING				12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired Retired Caulker Balt:	imore City	Donna		II C A
FATHER'S NAME	LINOTE CITY	Penna.	NAME	U.S.A.
Unknown		Unkn	OL 70	
. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		16 N. Hammids Ferry
es, no or unknown) (If yes, give wor or doles of servi	security No. 219-10-3081A	Mrs. Daniel I		
18. // / 2	CAUSE OF DEAT		E. Wetzel, E	inthicum, Md. 21090
injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givening to the above cause (A) stating UNDERLYING CONDITION lost.	ring Due 10, Ok As	SO SCHOOLO PE	hoaut drise	rasa years.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION F				hysopen year.
WAS PERFORMED	ok Willell G. EKATION	7010131	IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.)	in or obout 21C. WHERE Diffice bldg., INJURY OCCU	D (If in Bolti	more City, give exect location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While AI Not Whi Work At Work	le 🗀	INJURY OCCUR?	
22. I certify that (I) (this hospital) attends that (I) (we) lost saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE	on	0-11 19 69 an		opinian death occurred an the da 238. DATE SIGNED
	DL.	rs. Director L	→ Phys. —	
23C. PHYSICIAN'S NAME (Type) Dr. Cesar J.	Pellerano Phy	23D. ADDRESS	ington Blvd.	
23C. Physician's NAME (Type) Dr. Cesar J.	DEOREE	2436 Wash	ington Blvd.	, Balto., Md. (City, town, or county) (Stote)
23C. Physician's NAME (Type) Dr. Cesar J. 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 10-27-69 I	Pellerano	2436 Wash	Baltimore, M	, Balto., Md. (City, town, or county) (State)

VS 150-REV.

25C. FUNERAL DIRECTOR Howard H. Hubbard,

ADDRESS 4107 Wilkens Ave. 21229

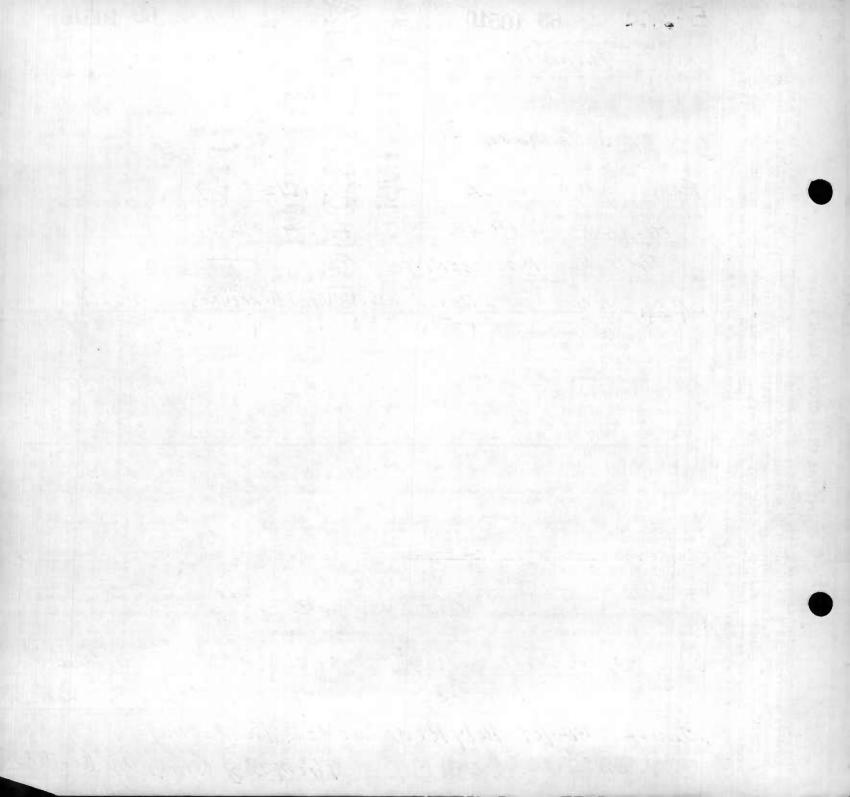
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DIRECTOR:

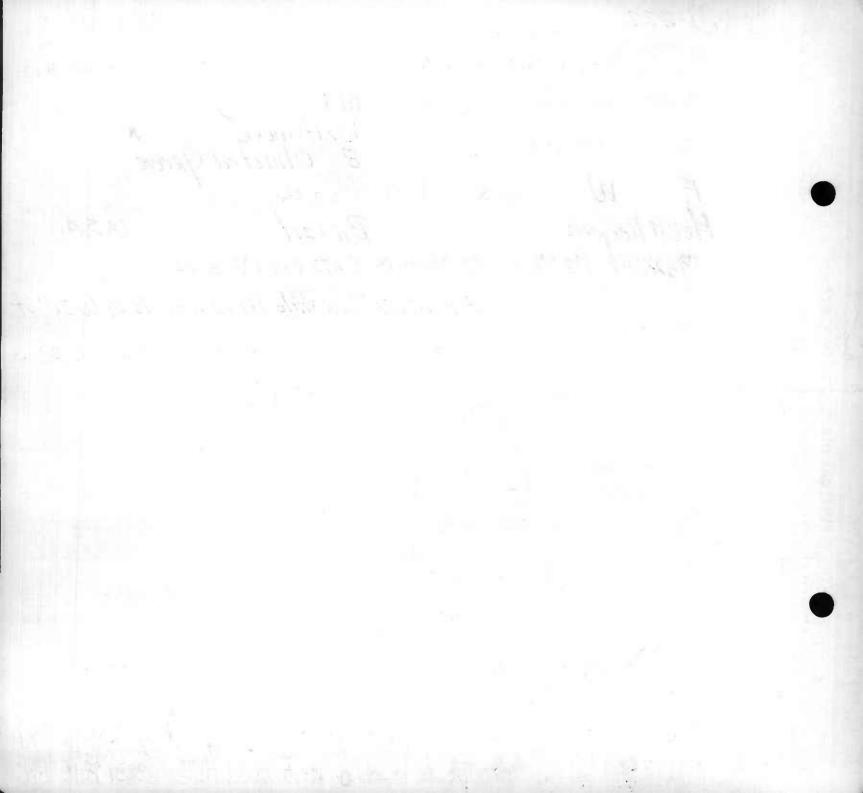
FUNERAL

B irth Certificate A-47128 - 1909 11-3-69 M.H.

VS 150-REV. 1/1/68



11/	M-622 69 105		HEALTH DEPARTMENT		69 10511
BI	IRTH NO. 105	11 CERTIFICA	TE OF DEATH	REG. NO	00 .[[5,1]
1.	NAME OF DECEASED			D HOUR OF DEATH	
(T)	Ype or Print) RAYMUNDA	MAR QUES		7 /10	16400
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PROP		A USUAL RESIDENCE (Where	V 5/67	institution: residence before admission)
	THE PARTY OF THE P	TOURCED DEAD	A. STATE B. COUNT	Y deceased lived. If It	institution: residence before admission)
i g	ULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	Md		7755
Į.ik	OSPITAL OR ADDRESS OR LOCATION)		C. CUPY OR TOWN	D. INS	SIDE CITY LIMITS?
1/	/ ^		122/timer	P	YES NO NO
4	SINAI HOSPITAL		E. STREET AND NUMBER	1110	
ľ	25/1/11		8 Olms	ted (10)	ceni
5.	SEX 6. RACE , 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH 9	AGE (in years	Tun tax vivi
	F /// widow		711611	ost birthdoyl	Months Days Hours Min.
10.	A. USUAL OCCUPATION (Give kind of work 108, KIND		11 RIBTUDI A CEVISIANO IN CONT	65	
do	ong during mast of working life, even if retired)	OF BUSINESS OR INDUSTRE	The BIRTHILL CE (21018 of totals	in connity)	12. CITIZEN OF WHAT COUNTRY
L	Househeenen		BRAZII		0.2,4
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E	
	MANUEL DE OLIVE	EIRA MARQUE	CATARINA	1/1= DA	
15.	. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL		VIERA	
(Ye	es, no or unknown! (If yes, give wor or doles of service	SECURITY NO.	17. INFORMANT	11	ADDRESS
		184-26-765	FPONANCO /	MADRUPI	1529 (1) 3/15
	18. // /-> // [CAUSE OF DEATH	7000	17760000	APPROXIMATE INTERVAL
	DISEASE OF CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	E Corelino Va	senler as	eschit 2-300
	(This does not mean the made of dying, e.	U	CONSEQUENCE OF:	-0.000	cemen 2
	heart failure, asthenia, etc. It means the disco- injury at camplication which coused death.)	se,			
	ANTECEDENT CAUSES		2-801/		
	DISEASES OR CONDITIONS, if any, givin	(B)	A CONSEQUENCE OF:		
	rise to the above cause (A) stating the	he DOE 10, OK AS	A CONSEQUENCE OF:		ľ
	UNDERLYING CONDITION last.	(c)			
	11				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G			
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	·L	*****************************		***************************************
CERTIFICATION	194. DATE OF OPERATION 198. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
RT	WAS PERFORMED		yes.	IN CERTIFYING CA	USES OF DEATH?
ដ	The state of the s	18. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Baltimor	re City, give exoct locotion)
CAL	OR CONTRIBUTING CAUSE OF h	ome, form, foctory, street, off	ce bidg., INJURY OCCUR?		
20					
AEC	OF INJURY	1E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
-	(APPROXI	White At Not White			
	22. I certify that (I) (this hospital) attended	the deceased from	10/22/68 19	to 10	1-3/69 19
	that (I) (we) last sow the deceosed alive on		, ,	to 10	
				rin(my) (our) opl	nion death occurred on the date
	and hour and from the causes stated above.	(I) (We) (dld) (dld not) vI	ew the body ofter death.		
	23A. SIGNATURE				23B, DATE SIGNED
	22 Jaynes un	DEGREE Phys.	ding Med. S	toff X	10/23/69
	23C.PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS		1 - 1 - 1
	DONAL D. GAYNOR	And			
24/	A DUIDLA DOCUMENT	NAME OF CEMETERY OF CRE	AATONY DIE LO	0.451.0.11	
	RETOVAL (Specify)	C+ M. I	MATORY 24D. LO) (6)	y, town, or county) (Stote)
	Duria 1 1/10/1.1969	JI. Marys	Tampden)	Toland t	TIP. DOLTO. MC
25	A. DATE REC'D LY HEALTH DEPT. 258, NAMI	OF REGISTRAR	25COFUNERAL DIRECTOR	111	ADDRESS
	DCT 27 1969 REFE	Bear Milly ()	action of the land	ral Home	3631 Falls Rd
1/5	3/0 PEN 1/1//A			The state of the s	7021 1112 119



0-500 60 4	BALTIMORE CITY	HEALTH DEPARTMENT	1	69 10512
BIRTH NO.	0512 CERTIFICA	TE OF DEATH	REG. NO	09 10512
1, NAME OF DECEASED			ID HOUR OF DEAT	Н
(Type or Print) VERNON N.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	onaway 10/6	23/69	18-30 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE When	re deceosed lived. If	institution: residence before odmission)
FULL NAME OF UF NOT IN HOSPITAL OR	INSTITUTION GIVE STREET	Morul	and	Anne Arundel
HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CHY OR TOWN HE	nover D. IN	ISIDE CITY LIMITS?
LUTHERAN	HOSP,	**************************************	DE .	YES NO
46 130 ASht	JURTON ST.	E. STREET AND NUMBER	Box 402 De	orsey Road 5
BAITIMORE	3, Ma. 21216		CK XXXXXXXXXXXXX	XXXXXX Hanover, Md.
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
/ V	OWED DIVORCED	5-14-13	560	
done-duting most of working life, even if retited)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or force	gn country)	12. CITIZEN OF WHAT COUNTRY?
Mrcmployed Re	etired Handyman	MARULA	NO	11.0.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
Harry N. Conaway		/i/LIAN	XXXXXXXXXXX	XXXXX/R. Seibert
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT D		ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of se	security No. 215-10-7426	1:11: R.	Conaway	Dines my
No	CAUSE OF DEAT		**************************************	APPROXIMATE NTERVAL
DISEASE OR CONDITION DIRECTL				BETWEEN OF SET AND DEATH
LEADING TO DEATH	A A DAMEDIATE CAL	Talladice	o- Hans	tae
(This does not mean the mode of dying	e.g., DUE TO, OR AS	SE Jaunelice A CONSEQUENCE OF:	Litepo	
heart failure, asthenia, etc. It means the d injury or complication which caused death.		-		
ANTECEDENT CAUSES	Com	h		1
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:		
underlying condition last.	g lhe (C)			
II	(C/			
O OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING			
TO THE DEATH BUT NOT RELATED TO THE TERM VIOLENTIAL TO THE DEATH BUT NOT RELATED TO THE TERM VIOLENTIAL TO THE DEATH BUT NOT RELATED TO THE TERM VIOLENTIAL TO THE DEATH BUT NOT RELATED TO THE TERM VIOLENTIAL TO THE DEATH BUT NOT RELATED TO THE TERM VIOLENTIAL TO THE DEATH BUT NOT RELATED TO THE TERM VIOLENTIAL TO THE DEATH BUT NOT RELATED TO THE TERM VIOLENTIAL TO THE DEATH BUT NOT RELATED TO THE TERM VIOLENTIAL TO THE DEATH BUT NOT RELATED TO THE TERM VIOLENTIAL TO THE TE				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
THE COLUMN	Native	NO		
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o	fice bldg., INJURY OCCUR?	(If in Boltim	nore City, give exact location)
DEATH (notify medical examiner)	etc.)			
OF INJURY (Month) (Day) (Year) (Hou	1) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At At Work	° 🗌 😑		
22. I certify that (I) (this haspital) atte	nded the deceased from / 6	- 22 - 69	19	- 23- 1969.
that (I) (we) lost sow the deceased oliv	4			pinian deoth occurred on the dote
			ar many, aut, o	printin death occurred on the date
and hour ond from the couses stoted ab	ove. (I) (we) (did) (ere not) v	lew the body offer deoff.		23B, DATE SIGNED
1.1.1	MA G. M. I.	nding Med.	Staff 🔽	1 1227 -0
Canthal J.S	OEGREE Phy	b. Director	Phys.	10/25/69
23C. PHYSICIAN'S NAME (Type)	21111 417	23D. ADDRESS	11	1 R. 11.
IKHNTILHU J. J	HIH MIN OEGREE	Lusherun	HOPINA	1, Dalte Mes
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CRI	MATORY 24D. L	OCATION	(City, town, or county) (State)
Burial 10-27-69	Zion Cemetery	Was	hington B1	.vd. Howard Co., Md.
25A. DATE REC'D BY HEALTH DEPT. 258. N	IAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
OCT 27 1969 Paber & Ja	Bed M. O O	Howard H. Hub	bard, 4107	Wilkens Ave. 21229
V\$ 150-REV. 1/1/6B				

Md. Md. 23

VS 150-REV, 1/1/68

4. USUAL RESIDENCE ! Where deceosed lived. If institution residence before admission! D. INSIDE CITY LIMITS YES -If Under 1 Yt. 12. CITIZEN OF WHAT COUNTRY? KNOWN BETWEEN ONSET AND DEATH 20 R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that In (my) town apinian death accurred an the date 238. DATE SIGNED deceased written ap (City, town, or county) Adolphus Halstead 1206 W

NO

ADDRESS

APPROXIMATE INTERVAL

(Stote)

North Ave

ADDRESS

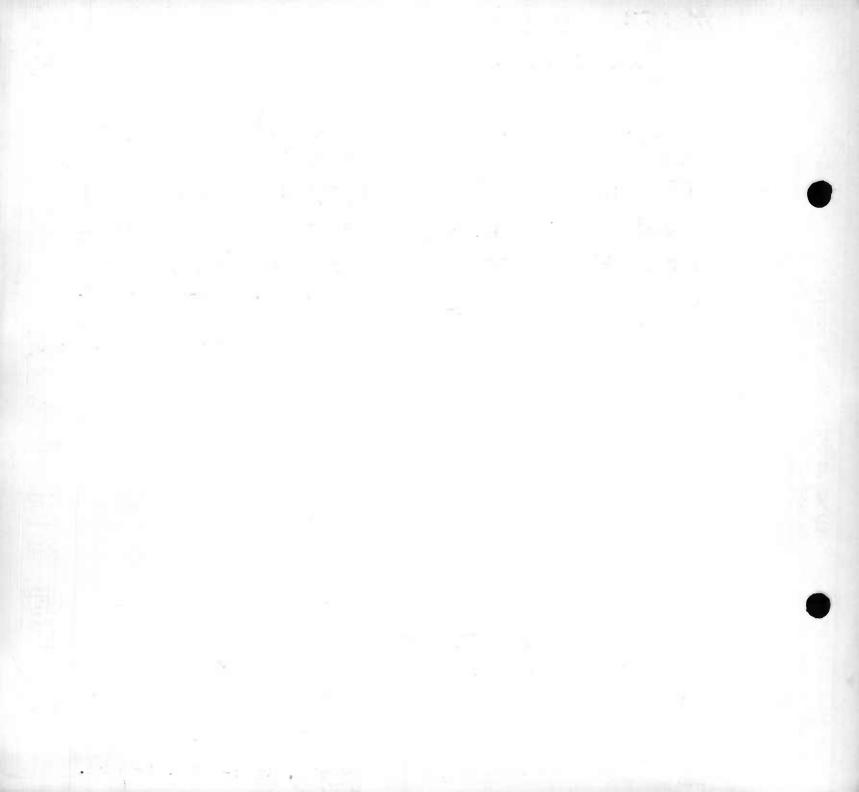
If Under 24 Hrs.

10/28/69 address is 913 argyle are. funeral nome. et

DIRECTOR:

FUNERAL

approved



FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

NO P

Hours

US

ADDRESS

Huntsville

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

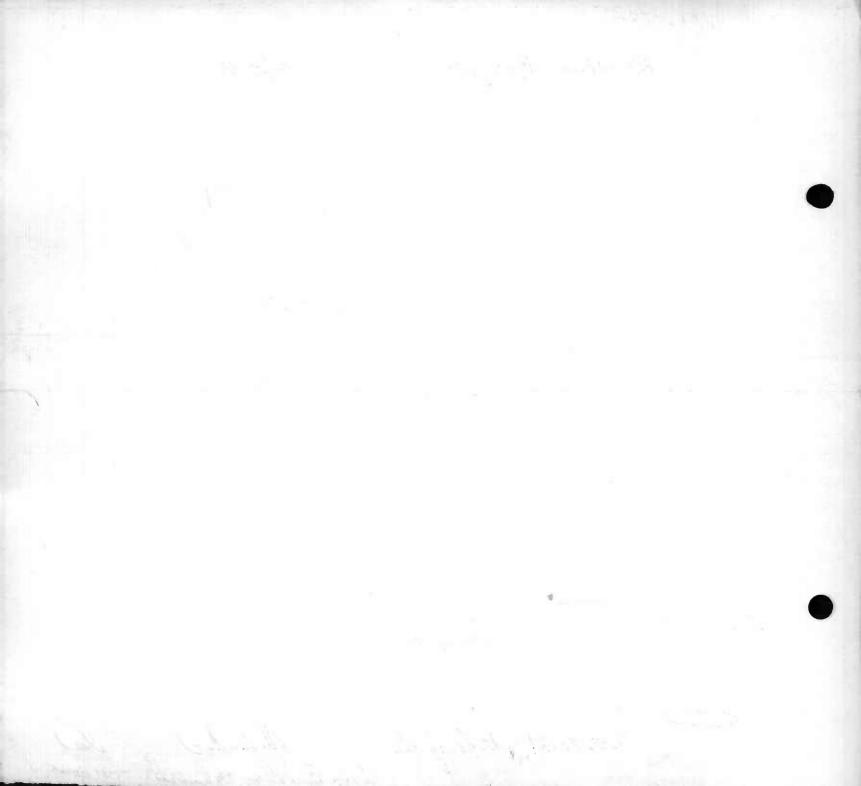
Alabama

ADDRESS

If Under 24 Hrs.

10/28 address coded to 3520 Willow Rd.

	7 5 71 0 5	BIRTH NO. 69 10516 CERTIFICATE OF DEATH REG. NO. 69 10516
	of death of death Deceased on the such that the such th	1. NAME OF DECEASED
	hospital ise of d (5) Dece ance on death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONCUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission)
	hosp use ; (5) danc	HOSPITAL OR ADDRESS OR LOCATION
	in a caucause; attend attend ior to	UNIDERSITY of MARYLAND NORPHAL LYATTSUILE YES NO
	O.= _ L .	E. STREET AND NUMBER 6803 RISS Rd
	trik trik min gul sed	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost bightidog) WIDOWED DIVORCED 10/6/99 10/6/99 If Under 1 Yi. If Under 24 Hrs. Months: Doys Hours Min.
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	dea Uno vas vas e d	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
¥	direct or c direct or c d; (4) Undet th was in on the dec	Joseph Manguno Chula Fowler
ITAI	ista he kind deat ce o	15. Was Decedsed Ever in U. S. Anned Forces? (Yes, no or unknown) (II yes, give war or dotes of service) ADDRESS 16. SOCIAL SECURITY NO. ADDRESS MRS. MYRTLE
IMPORTA	a in Elegan	18. CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
<u>¥</u>	Also, re of a nounce attentant	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 1This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE DIFFO OF AS ACONSCIPIENCE OF
OR:	iner or liner. Als racture o pronou ular att	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: 3 March
CTC	A fr	DISEASES OR CONDITIONS, if any, giving the Dut to the above course IA) stating the
DIRECT	- OC C.E.	underlying Condition lost. (c) Probable Shiph Endocardets 4 clays
	dice dice dice rsic wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE EXEMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)
UNERAL	P d d d d d d d d d d d d d d d d d d d	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B-CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A-ACCIDENT WAS UNDERLYING 121B-PLACE OF INJURY (e.g., in or about 21C, WHERE DID.
5	by by 2) E re t phy fore	OR CONTRIBUTING CAUSE OF home, form, foctory, steet, office bidg. INJURY OCCUP?
		DEATH Inosity medical examines CAUSE OF home, form, foctory, street, office bidg., INJURY OCCUR?
	> = 0 D B	Work At Work
	2 T E . U	22. I certify that (I) (fhis hospital) attended the deceased fram 10 10 19 ta 10 19 19 that (I) (we) lost saw the deceased alive on 10 19 19 and that in (my) (ear) online death accurred on the date
	** *** T	and have and from the causes stated abave. (1) (1) (did) (did not) view the bady after death.
	e must be released accident a hospit r to deat	23A. SIGNATURE Attending Med. Shift D
	ificate my was rely was rely. A. at a ly derior to approval	23G-PHYSI CIAN'S NAME (Type) 23D. ADDRESS
	certificate body was r rs: (1) An a D.O.A. at a ased prior	24A. BURIAL EREMATION. 24B. DATE 24C. NAME of CEMETERY OF EREMATORY 24D. ACCATION (City, lown, or county) (Stotel
	This certif the body shows: (1) was D.O./ deceased written a	Cet. 3. 969 It Compet. (Merauder) Val.
	This the bashow was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAS 25C. FUNERAL DIRECTOR ADDRESS CALLED AND CONTRACT CONTRA



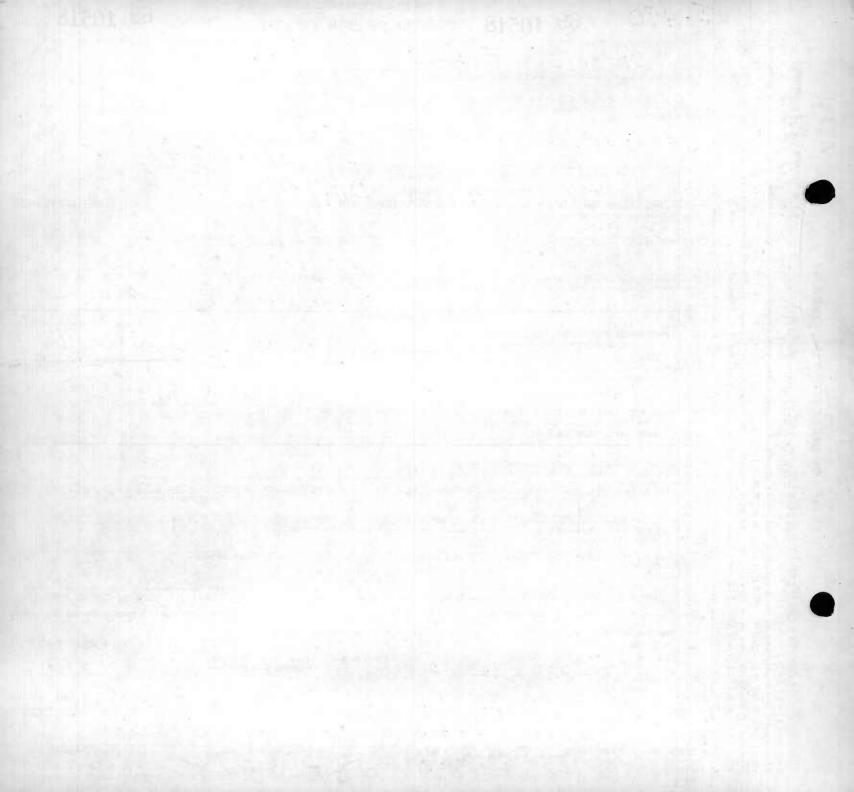
IMPORTANT **DIRECTOR:**

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admired a STATE B. COUNTY D. INSIDE CITY LIMITS? YES 4 NO Months Doys Hours Il Under 24 Hisa 12. CITIZEN OF WHAT COUNTRY? ADDRESS Da m APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II In Boltimore City, give exoct location) ond that in(my) (our) opinion death occurred on the date 23 B. DATE SIGNED

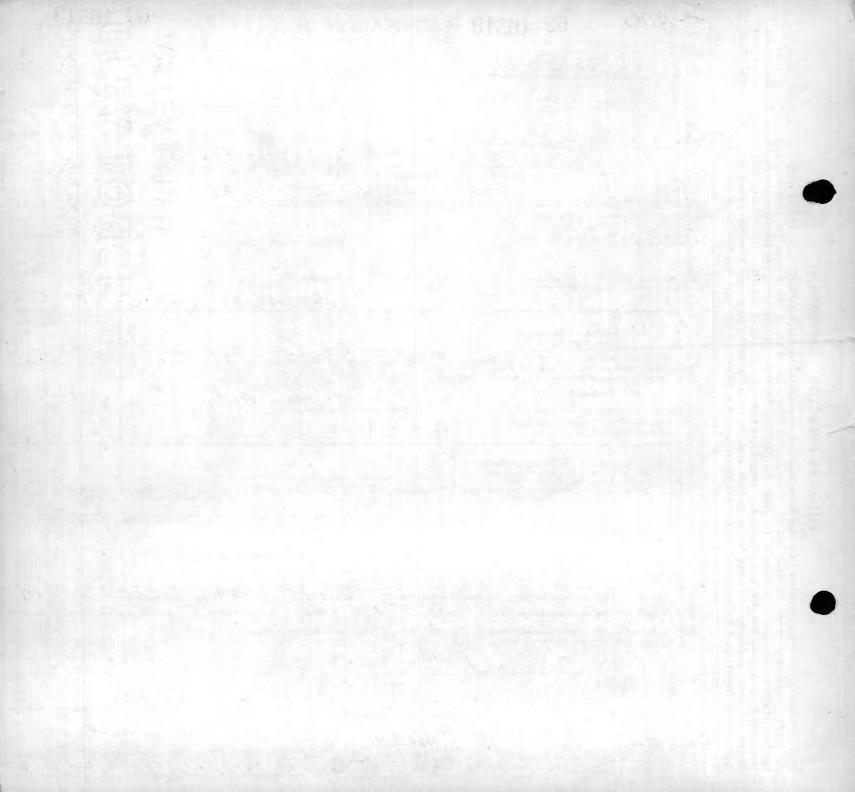
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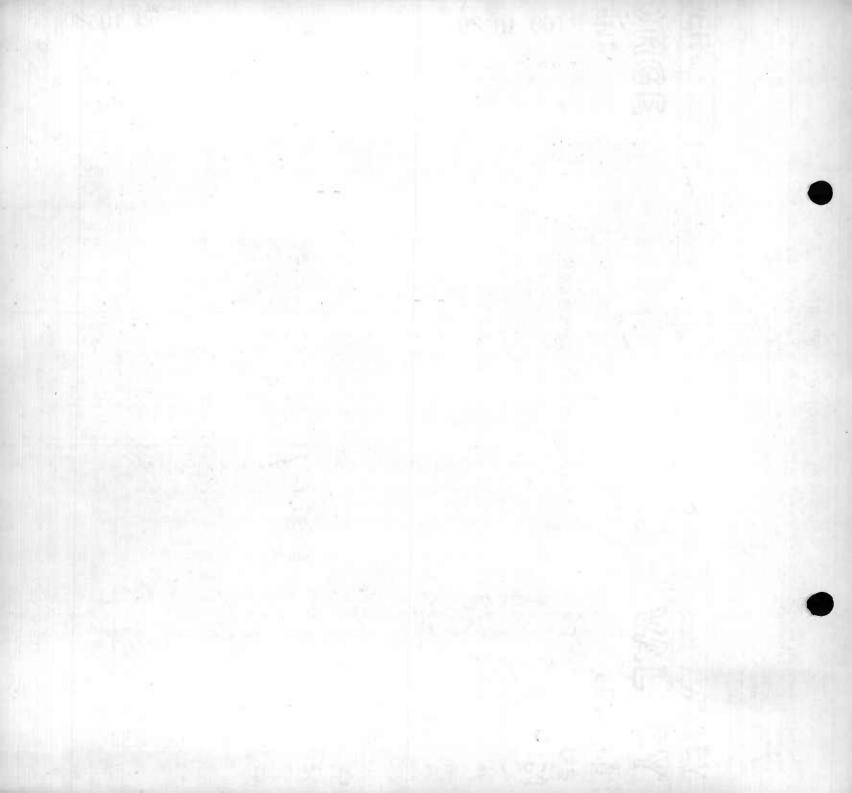
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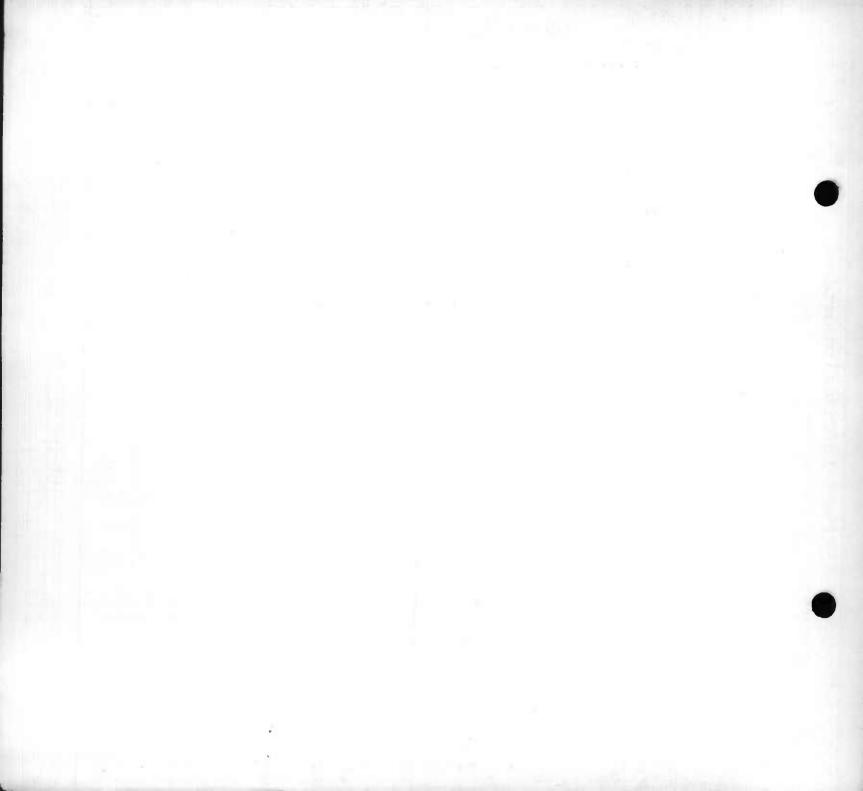
IMPORTANT FUNERAL DIRECTOR: BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 10/22/69 9:10 a M
4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES X NO T If Under 1 Yr. Manths: Days If Under 24 Hrs. Hours ! 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Mrs. Eleanor A. Randall 2413 W. Mosher St. BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) (qut) apinian death accurred an the date 23B. DATE SIGNED (City, tawn, or county) Maryland ADDRESS Funeral Home 3035 W. North Ave.



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CIT	Y HEALTH DEPARTMENT
RI	69 10521 CERTIFICA	ATE OF DEATH REG. NO. 69 10521
1.1	NAME OF DECEASED	2 DATE AND HOUR OF DEATH
110	FARSY JACKSON	/ 6
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
H	ILL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	MARYLAND GEN HOSPITAL	E. STREET AND NUMBER
5.	SEX 6. RACE 7. MARGINET	921 N. CARROLLION DUE.
	WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) II Under 1 Yt., If Under 24 Hrs., Months Doys Hours Min.
dor	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
	RETIRED MASSAC FLOOR SAM	me m15515511P1 USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	RALPH JACKSON	MAGGIE SHELL
15.	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
	No SECURITY NO. 212+10-1-771	WIFE CECILIA FACKSON
	18. /// CAUSE OF DEAT	H APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	estine Theart Farline 20 BETWEEN ONSET AND DEATH
		A CONSEQUENCE OF:
	injury or complication which coused death.	esclustre Neart deserve 4 FARS
		A CONSEQUENCE OF:
	rise to the above couse (A) stoling the UNDERLYING CONDITION lost. (C)	A CONSEQUENCE OF:
,	11	
11 95 1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	20 Generalized arterisionsis months.
E	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, farm, factory, street, of the control of the con	n or obout 21 C. WHERE DID (II In Bolitmore City, give exect location)
NEDI	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) While AI Not While At Work At Work	•
	22. I certify that (I) (this hospital) attended the deceased fram	10-23 19 69 to 18-24 19 69
	that (I) (we) lost saw the deceased alive on 10 - 20	19 69 ond that In (my) (our) opinion death occurred an the date
	and haur and from the couses stoted abave. (1) (We) (did) (did not) v	
	0 + 0	nding Med. Staff C2
	OEGREE Phy	nding Med. Staff Phys. 10 - 24-69
	ELANGELUM A. TOPALIA	LARYLAND GEN. BOSPITAL.
	BURIAL CREMATION 248. DATE 24C. NAME OF CEMETERY OF CRI	to the same of the
11	Burial 10/29/69 Arbutus Memorial	
ZJA	OCT 27 1969 Tabes C. Jakes OF REGISTRAR	Nutter Funeral Home 3035 W. North Ave.
VS I	50-REV. 1/1/68	1 8 5 17 6

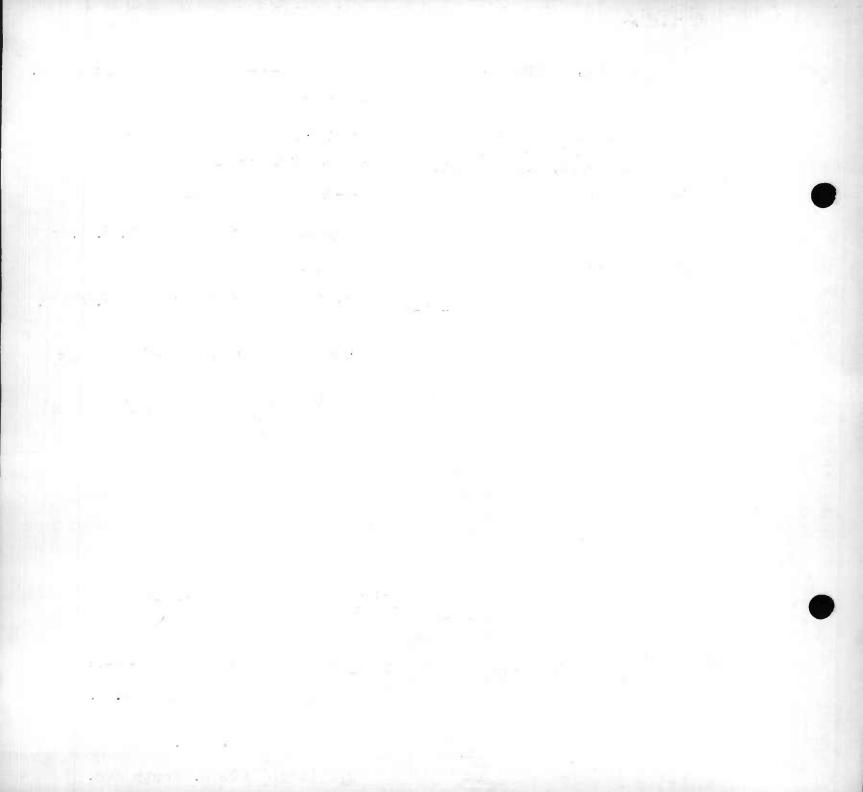


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DIRECTOR:

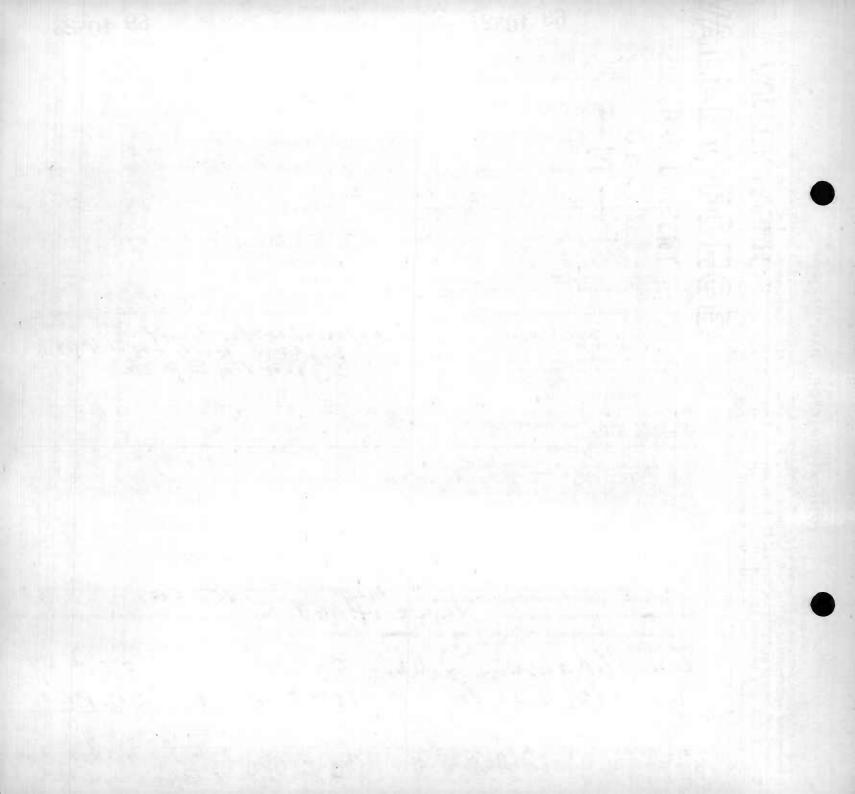
FUNERAL

approved



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be apprete body was released to the shows: (1) An accident of any was D.O.A. at a hospital (exdeceased prior to death); are written approval must be obt

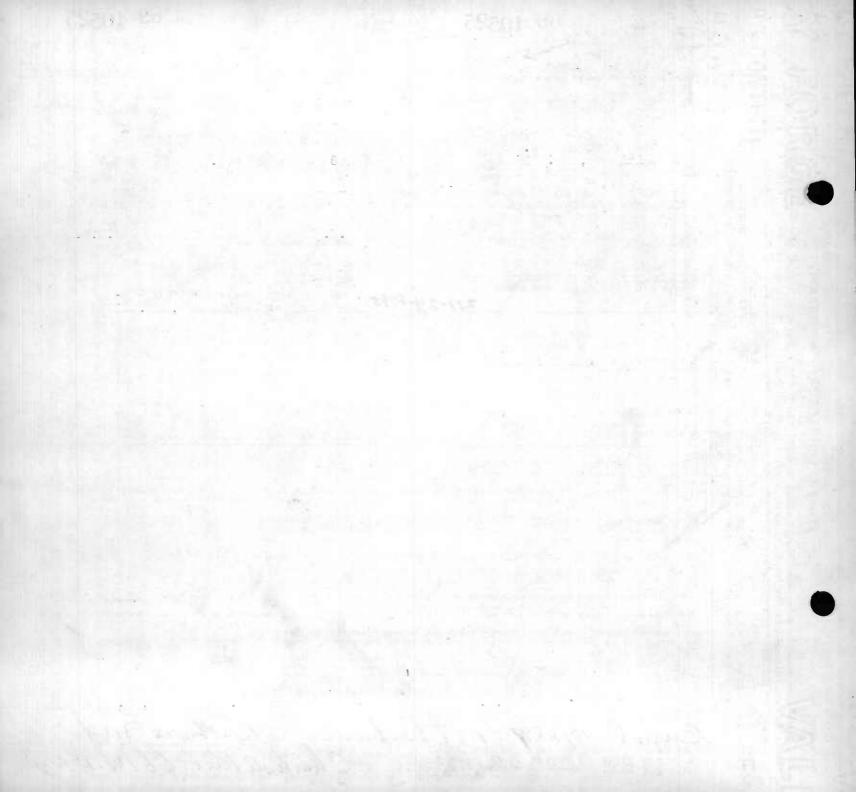
	or Print)	Kasinskas Kat	herine		2. Octo	ber 25, 196	9 A	
	ACE IN BALT	TIMORE MARYLAND, W			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland			
HOSPITAL OR ADDRESS OR LOCATION)					C. CITY OR JOWN Baltimore	D. 1	NSIDE CITY-LIMITS? YES A NO	
	Mai	ryland Genera	l Hosp	ital	E. STREET AND NUMBER		153 65 140	
	7 0	1	-		432 Home			
F	X	6. RACE	7. MARRIE	D NEVER MARRIED DIVORCED	B. DATE OF BIRTH 11/22/82	9. AGE (In years lost birthdoy) 87	Months Doys Hours Min.	
			108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY	
	Housewi		T.		Lithuania		USA	
5. F.	ATHER'S NAA				14. MOTHER'S MAIDEN N	IAME		
	Zai	rdeskas, Simo	n		Klinauskas			
es,	os Deceosed no or unknown)	Ever in U. S. Armed For- (If yes, give wor or date	ces? s of service	1 6. SOCIAL 216-09-2140	17. INFORMANT Frank Lucas	432 Home	ADDRESS	
	heorl loilure, injury or com DISEASES Crise to the	E OR CONDITION DIE LEADING TO DEATH of meen the mode of osthenio, etc. It means uplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the cobore couse (A)	the diseas death.)	g DUE TO, OR AS	A CONSEQUENCE OF:	e with dial Inf	atotrois	
Allon	heori loilure, injury or com DISEASES Coise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CO	LEADING TO DEATH of meon the mode of osthenio, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if o obove couse (A) of CONDITION fost. IL ACANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 19B. CON	ony, givin sloting the NTRIBUTING HE TERMINA (T † (A).	g DUE TO, OR AS				
ERTIFICATION	DISEASES CONSE TO THE SIGNIFOR THE DEAT OF THE OF	LEADING TO DEATH of meon the mode of osthenio, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if obove couse (A) OF CONDITION IOSI. ILLEANT CONDITIONS CON H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI	ony, givin stoting the MTRIBUTING HE TERMINA LT 1 (A).	g DUE TO, OR AS	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	No) 208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
AL CERTIFICATION	DISEASES COISE IO THE SIGNIFO THE DEAT OF A DATE OF CONTRIBUTA. A CCIDEN DR CONTRIBUTE.	LEADING TO DEATH of meon the mode of osthenio, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if o obove couse (A) of CONDITION fost. IL ACANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 19B. CON	ony, givin sloting the MTRIBUTING HE TERMINA (TIDITION FOI FORMED	g DUE TO, OR AS	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WE IN CERTIFYING		
MEDICAL CERTIFICATION	DISEASES CONTRIBUTED FINJURY	LEADING TO DEATH of meon the mode of osthenio, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if o obove couse (A) OCONDITION fost. IL ACANT CONDITIONS CO H BUT NOT RELATED TO TAI ONDITION GIVEN IN PAR OPERATION 179B. CON WAS PERI NT WAS UNDERLYING ITING CAUSE OF	ony, givin sloting the NTRIBUTING HE TERMINA IT 1 (A). OTHER OF THE NAME OF T	(B)	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
MEDICAL CERTIFICATION	DISEASES COISE IN THE SIGNIFO THE DEAT OF A DATE OF CONTRIBUTED THE CONTRIBUTE	LEADING TO DEATH of meon the mode of osthenio, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a obove cause (A) B CONDITION fost. II CANTONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PERI NT WAS UNDERLYING THING CAUSE OF medical examines)	ony, givin sloting the NTRIBUTING HE TERMINA IT 1 (A). OTHER OF THE NAME OF T	(B)	20A. AUTOPSY? (Yes or Company of the bidg., INJURY OCCUR?	No) 20B. IF YES, WE IN CERTIFYING (If in Bolti	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
MEDICAL CERTIFICATION	DISEASES COISE TO THE DEAT OF CONTRIBUTION OF	LEADING TO DEATH of mean the mode of osthenio, etc. It means suplication which coused ANTECEDENT CAUSES OR CONDITIONS, if to boove couse (A) OCONDITION fost. II ICANT CONDITIONS CO H BUT NOT RELATED TO TI ONDITION GIVEN IN PAR OPERATION 198. OPERATION 198. OTHER STATEMENT OF THE COUNTY OF THE C	ony, givin sloting the NTRIBUTING HE TERMINA IT IT (A). OHOUS TO THE TERMINA IT IT (A). OHOUS TO THE TERMINA IT IT (A). OHOUS TO THE TERMINA IT IT (A).	(B)	20A. AUTOPSY? (Yes or Public bldg., INJURY OCCUR!	No) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
MEDICAL CERTIFICATION	DISEASES CONSE TO THE DEAT OF THE DEAT OF CONTRIBUTION OF CONT	LEADING TO DEATH of mean the mode of osthenio, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if o obove couse (A) OF CONDITION IOSI. ILLEANT CONDITIONS CONDITION GIVEN IN PAR OPERATION 119B. CON WAS PERI ONE TWAS UNDERLYING TITING CAUSE OF medical examiner) (Month) (Doy) (Year) that (I) (this haspital last saw the decease	ony, givin sloting the terminal transfer of th	g DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or Diplom or about 21C. WHERE DID INJURY OCCUR?	No) 20B. IF YES, WE IN CERTIFYING (If in Bolti) INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH?	
MEDICAL CERTIFICATION	DISEASES CONTRIBUTED THE DEAT OF A DATE OF A D	LEADING TO DEATH of mean the mode of osthenio, etc. It means uplication which caused ANTECEDENT CAUSES OR CONDITIONS, if obove cause (A) OF CONDITION IOSI. ILLIANT CONDITIONS CONDITION GIVEN IN PAR OPERATION 119B. CON WAS PERI OPERATION 19B. CON OPERATION 19B. C	ony, givin sloting the terminal transfer of th	(B)	20A. AUTOPSY? (Yes or Diplom or about 21C. WHERE DID INJURY OCCUR?	No) 20B. IF YES, WE IN CERTIFYING (If in Bolti) INJURY OCCUR?	ere FINDINGS CONSIDERED CAUSES OF DEATH? simore City, give exact location) 1969 opinion death accurred an the data	
WEDICAL CENTILE STATE OF THE ST	DISEASES OF CONTRIBUTION OF THE DEAT OF TH	LEADING TO DEATH of meon the mode of osthenio, etc. It means application which caused antecedent Causes or Conditions, if a obove cause (A) and Conditions coused (A) and Cond	ony, givin sloting the terminal transfer of th	g G DUE TO, OR AS (C) R WHICH OPERATION BE PLACE OF INJURY (e.g., inc.) Come, form, foctory, street, of ic.) LE INJURY OCCURRED While At	20A. AUTOPSY? (Yes or Property) 120A. AUTOPSY? (Yes or Property) 121C. WHERE DID 1NJURY OCCUR: 21F. HOW DID 121F. HOW DID	No) 20B. IF YES, WE IN CERTIFYING (If in Bolti) INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exoct locotion)	
MEDICAL CERTIFICATION	DISEASES COISE IO THE DEAT OF	LEADING TO DEATH of mean the mode of osthenio, etc. It means in the mean of the m	ony, givin sloting the terminal transfer of th	g G DUE TO, OR AS (C) R WHICH OPERATION BE PLACE OF INJURY (e.g., inc.) Come, form, foctory, street, of ic.) LE INJURY OCCURRED While At	20A. AUTOPSY? (Yes or no obout 21C. WHERE DID 18 18 19 4 19 6 9 ond lew the bady after deat	No) 20B. IF YES, WE IN CERTIFYING (If in Bolti INJURY OCCUR? 19 to that in (my) (aur)	ere FINDINGS CONSIDERED CAUSES OF DEATH? simore City, give exact location? 1969 opinion death accurred an the data	



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	5-53/2 60 4	BALTIMORE CITY	HEALTH DEPARTMENT	0.0	1	
	BIRTH NO.)524 CERTIFICA	TE OF DEATH	REG. NO.	10524	
	1. NAME OF DECEASED (Type er Print)	SAN DER	2. DATE AN	D HOUR OF DEATH	, 1000 MIL)	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceesed lived, Il instituti	ent residence before odmission)	
J	FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	170		1504	
	University of Dan	C. CITY OR TOWN D. INSIDE CITY LIMBS? YES II NO I				
.	38	CHIMICA I POPP III	E. STREET AND NUMBER		<u> </u>	
made	5. SEX 6. RACE 7. MAD	RIED NEVER MARRIED	16 12 CIFTON		Under 1 Yr., Il Under 24 Hrs.	
	WIDO	WED DIVORCED	8-25-38	est birthdoyl Mor	ths Deys Hours Min.	
- L	tOA. USUAL OCCUPATION (Give kind of werk 108. KIN dene digring most of werking life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stele er ferei	gn country) 12.	CITIZEN OF WHAT COUNTRY?	
OSIFION	<u>Chaufter</u>			olina	U.S.A.	
ο,	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A.E.	•	
SIB	James Dauls	16. SOCIAL	MaTTIE SE	DECS		
	5. Wes Decessed Ever in U. S. Armed Foices? Yes, no of unknown! Uf yes, give wer ar dotes of serv	SECURITY NO. 214-38-2543	Mathe Hooks	895 Rein.	ADDRESS	
	18.	CAUSE OF DEATH		O 12 VEIN	APPROXIMATE INTERVAL	
0	DISEASE OR CONDITION DIRECTLY	Scot	La Clock		BETWEEN ONSET AND DEATH	
E	(This does not mean the mode al dying,	(A) IMMEDIATE CAU	SE	*****************************	1 day	
Ba	heart failure, asthenia, etc. It means the disc injury or camplication which caused death.	ase, DUE TO, OR AS A	A CONSEQUENCE OF:	Paran the	1 /	
E	ANTECEDENT CAUSES	PICU /E	. Henorochacie	MICKEALITY	Moek	
9	DISEASES OR CONDITIONS, if any, gi	ving DUE 10, OR AS	A CONSEQUENCE OF:		3 /	
2	UNDERLYING CONDITION lost.	JOHNYS				
	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	110				
2	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL	******************************			
TUE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A). 179. DATE OF OPERATION 1798. CONDITION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING TO	OR WHICH OPERATION	20A. AUTOPSY? (Yes er Ne)	208, IF YES, WERE FINDING IN CERTIFYING CAUSES	NOS CONSIDERED OF DEATH?	
2 11	OR CONTRIBUTING CALLET OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, affi	of about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Boltimere City,	give exoct location)	
5	DEATH (notify medical exomines) 21D-TIME Menth) (Dey) Yeard IHourh OF INJURY	21 E INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?		
	(APPROX)	While At Werk Not While				
	22. I certify that (1) (this haspital) attend		10/25	0 69 to 10/2	3 1967	
9	that (1) (*) lost sow the deceased alive	*		t In(my) (must) opinion o	deoth occurred on the dote	
l si	and hour and from the causes stated abov	e. (I) (#e) (dld) (dld not) vi	ew the bady ofter death.			
5	releared Burn	Atten Phys.	ding Med. S	hoff hys.	DATE SIGNED	
approv	23C.PHYSICIAN'S NAME ITypel	QEGREE 2	University ?	O Myer mod A	Sgital 1	
3	KEMOVAL (Specify)	C. NAME of CEMETERY OF CREE			n, for county) [Stote]	
	BURIAL 10-28-69	MT. AVBUR		LTO, Mel.	-0.050-1	
	CT 27 1969 Page E. Jabe	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	0	ADDRESS ST.	
L	S 150-REV. 1/1/68	7 17	OCHARLES A)	RICE 661 W	1. BARRE ST.	

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IMPORTANT DIRECTOR: FUNERAL

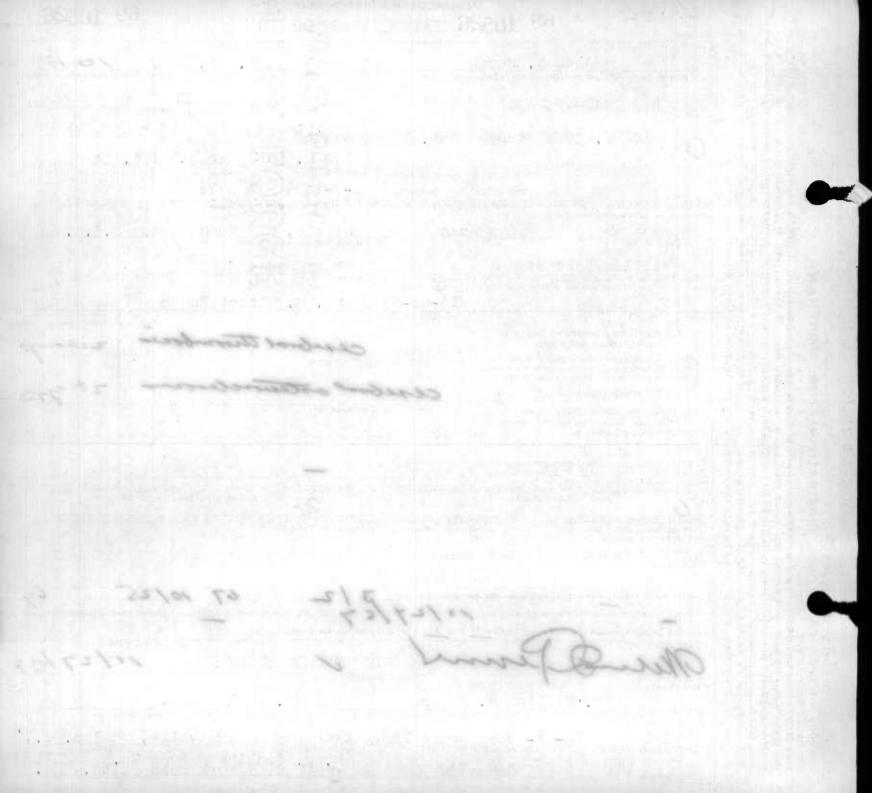
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25A. DATE REC'D BY HEALTH DEPT.

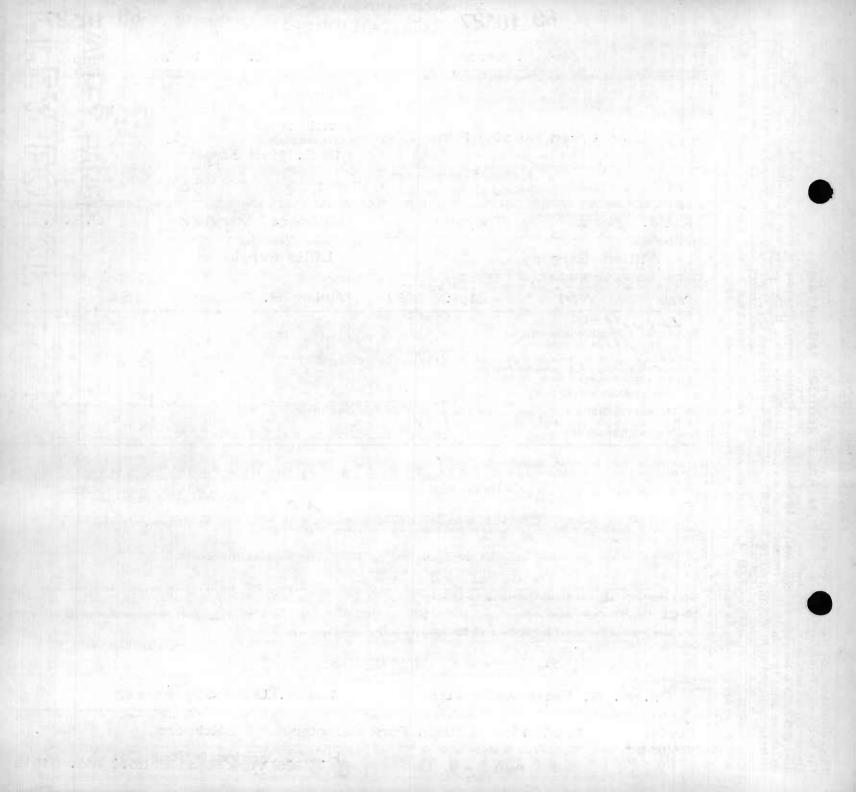
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BALTIMORE CITY HEALTH DEPARTMENT USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE

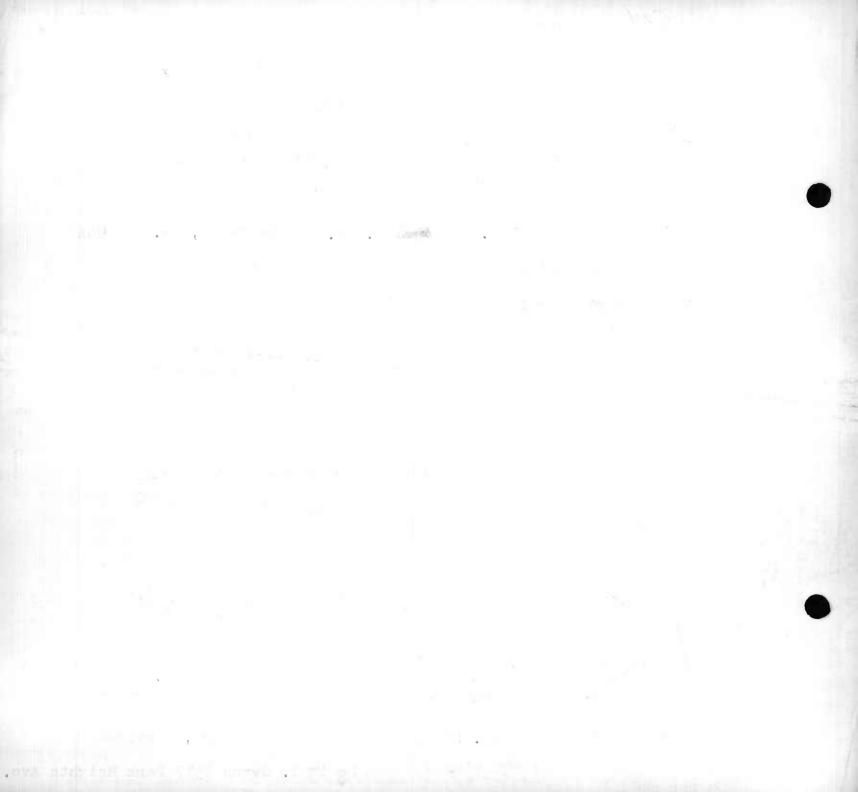
B. COUNTY D. INSIDE CITY LIMITS? NO YES & Apt. If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that in(my) (our) opinian death occurred on the date (City, tawn, or county) (State) Md. Balto . Co. Pikesville 25C. FUNERAL DIRECTOR
H. W. Jenkins Sons Co.



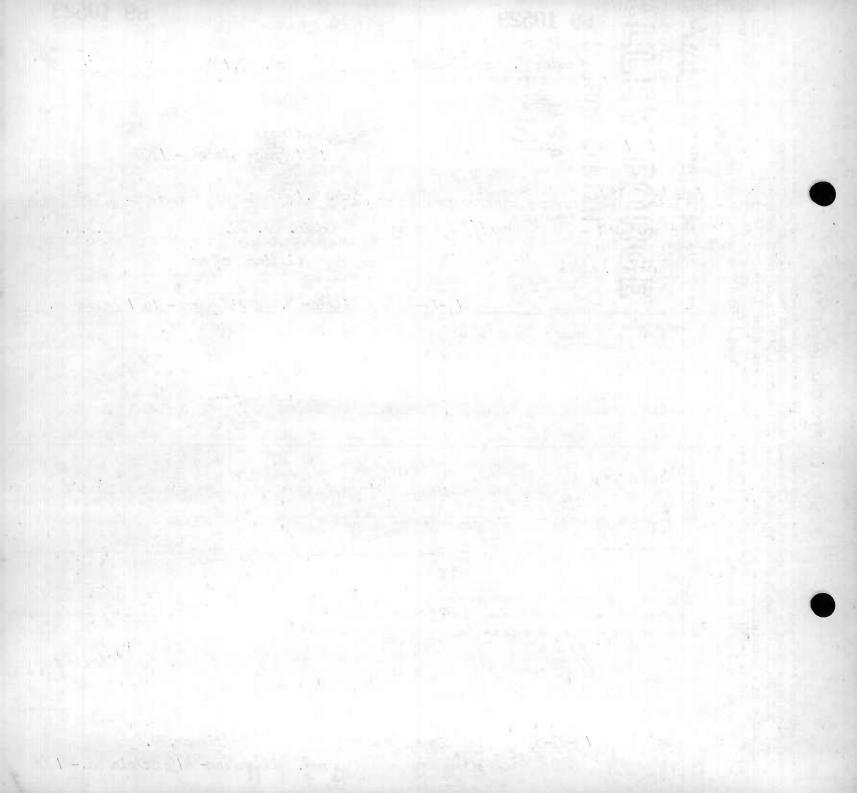
	TH NO.			CLKIIIICA	TE OF DEATH	REG. NO	69 10527
(Ту	AME OF DECE		A. Ber	ger		24, 1969	10.05 A
FU	PLACE IN BALT LL NAME OF DISPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA		JNCED DEAD	Maryland c. CITY OR TOWN	TY	nstitution: residence before admission 905 IDE CITY LIMITS?
	900	ong Green N	Nursing	Home	Baltimore E. STREET AND NUMBER 615 E. 33rd	Street	YES TO NO
	M	6. RACE	WIDOWED [2-3-1899	9. AGE (In years last birthday 70	If Under 1 Yr. If Under 24 Hrs Manths Days Hours Min.
t0A don	during most of w	PATION (Give kind of work rorking life, even if retired) Agent	1	atre	Baltimore, A		12. CITIZEN OF WHAT COUNTR
13.	FATHER'S NAM	ıı liam Berger			14. MOTHER'S MAIDEN NAM Lillie Pers		
5. Yes	Was Deceased i, no or unknown) Yes	Ever in U. S. Armed For (If yes, give wor or date	s of service)	16. SOCIAL SECURITY NO. 16-20-2099	Miriam S. E	Berger	ADDRESS Same
	(This daes not heart faiture, injury or company of Comp	E OR CONDITION DI LEADING TO DEATH as the made of as the mia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if abave cause (A)	dying, e.g., the disease, death.)	(A) IMMEDIATE CAL DUE TO, OR AS	Pudial Infiniciples Aconsequence of: HD A CONSEQUENCE OF:	Tion	teamy years
	UNDERLTING	CONDITION last.	J.Linig inc	(c)	tell .		
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ERTIFIC	OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify	CONDITION IOSI. II CANT CONDITIONS CO H BUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION 179B. CON WAS PER	NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR V FORMED 21B, hom etc.)	PLACE OF INJURY (e.g., e, form, foctory, street, o	20A. AUTOPSY? (Yes or No A C in or about 21C. WHERE DID fine bldg., INJURY OCCUR?) 208, IF YES, WERE IN CERTIFYING CA	
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	2-514	69	105	28 CERTIFICA	HEALTH DEPARTM	MENT REG. NO.	69 10528		
	RTH NO.	SED		20 CERTIFICA					
	una as Driett	YAMBLIS	c a	DRERT	2. DATE AND HOUR OF DEATH				
3.		MORE MARYLAND, V			IL USUAL RESIDEN	ICE (Whee deceased fixed III	institution: residence before admission)		
		, , , , , , , , , , , , , , , , , , ,	THERE I ROTT	DONCED DEAD	A STATE	& COUNTY	institution: residence before admission)		
F	ULL NAME OF	(IF NOT IN HOSPIT	AL OR INST	TUTION. GIVE STREET	Ma.		287/		
112	OSPITAL OR	THE STATE OF THE S	A 110117		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?		
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	Believe	. / /	1	<i>'</i>	E. STREET AND NU	1 0	// /-		
=	SEX 6	RACE AN	e.at		1	N Rogers Ac	re # 15		
,	M	NACE V		Z recent manner	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.		
10	A. USUAL OCCUPA	TION (Give kind of wor	WIDOWE	DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	11. BERTHPLACE (Sto	te or loreign country)	12. CITIZEN OF WHAT COUNTRY?		
do	ne during most of worl	king lile, even if retired)			1	Town or the State of the State			
12	Dripman FATHER'S NAME		Balto	. Gas & Elec		tony Creek, V	a. USA		
1,3	FRITTER'S NAME				14. MOTHER'S MAI	DEN NAME			
1		rt Chambl:			τ	Inknown			
15. (Ye	Was Deceased Eve	er in U. S. Armed For yes, give wor or dote	ces?	1 6. SOCIAL	17. INFORMANT	,	ADDRESS		
	Yes	World Was		212 05 3247	A Patie	ents chart	_		
-	18. 7 0 2	V		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL		
ii.	DISEASE	OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH		
В		ADING TO DEATH		(A)IMMEDIATE CAU	or Can cin	coma of Stone	ark		
	(This does not	meon the made at henio, etc. It means	dying, e.g.	1	A CONSEQUENCE OF:	-01-ce 7 01-11-			
	injury or complic	calion which caused	deoth.)	le .					
	AN	TECEDENT CAUSES		Mun	stille L	uslous.	1		
	DISEASES OR	CONDITIONS, if	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE O	F:	***********		
	rise to the	obave cause (A)	sloling the						
	UNDERLING C	ONDITION last.		(c)			***************************************		
z	OTHER CLOSURES	11		-2					
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<u>₹</u>	19A-DATE OF OP	DITION GIVEN IN PAR	TI (A).	WHICH OPERATION	20A. AUTOPSY? (Y	as as Nall 2000 As yes Augus			
CERTIFIC	0	WAS PER	ORMED	WHICH OFERMION	2012/01/01/11	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
8	21A. ACCIDENT	WAS UNDERLYING	21	R PLACE OF INJURY (e.g., i	No.	F DID ## 1- P-W-	69 1		
정	OR CONTRIBUTIN	IG CAUSE OF	hos	ne, torm, toctory, street, of	fice bldg., INJURY OC	CUR?	re City, give exoct location)		
ΝŠ									
MEDI	21 D. TIME (M	ionth) (Doy) (Year)		INJURY OCCURRED		DID INJURY OCCUR?			
-	(APPROX.)			hile At Work Not While At Work					
	22. I certify tho	t_(f) (this hospital) attended	the deceased from	10/6	1964_to/C	0/24/ 10/09		
1		it saw the decease		1 - 1 -	1969	,	Inion death occurred on the date		
	and hour and fre	om the causes stat	ed abave.	v (ten bib) (did (eW) (We)	lew the body after				
1	23A. SIGNATURE	2		_ /			23B. DATE SIGNED		
Ŋ.,	/ KX	whale	ruce	7 1 Phus	nding Med.	Stoff P	10/24/69		
1	23C. PHYSICIAN'S NAME (Type)	1		OF OWEE	23D. ADDRESS,	r L. Phys. C.			
1	NAME (Type)	OLSE F.	CALI	HLIM MD	A ST	rai Hoxpi	tof of Balto.		
24	A BURIAL CREMA	TION. 24R. DATE		AME of CEMETERY of CRE	MATORY	24D. LOCATION (C	ity, town, or county! (State)		
	Burial	10/28/	69 B	t. Lukes Cen	reterv	Hereford, M			
25/	A. DATE REC'D BY	HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL D	1.	ADDRESS		
110	OT 27 196	9 Robert E.	Vactor	250 000		inc. and inc.	Park Heights Ave		
I VS	150-REV. 1/1/68			7. 3	I new re I	GWYIII TOLI	Taly Merants WAS		



	DECEASED Heate	en E. Sch	reidences		22 1060	8:50
3. PLACE II	Heste	WHERE PRONOI	UNCED DEAD	14. USUAL RESIDENCE (W	22, 1969 here deceased lived. If	
FULL NAM	E OE //E NOT IN HOSP	ITAL OR INSTITU	ITON GIVE STREET	A. STATE B. CO		91
HOSPITAL	OR ADDRESS OR LOC	ATION)	UTION, GIVE STREET	C. CITY OR TOWN		ISIDE CITY LIMITS?
				E. STREET AND NUMBER	e	YES NO
00	1621 Enson Str	reet			or Street -2	1202
5. SEX	6. RACE	7. MADDIED	NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr., If
Femal	e White	WIDOWED	= =	June 4, 1906	9. AGE (In years last birthday)	Months Doys Ho
IOA, USUAL	OCCUPATION (Give kind of wo	ork 108. KIND OF			preign country)	12. CITIZEN OF WE
	one Work of working life, even if retired	Vonei	ff & Drayer	Balto. (o	M.	U.S.t
13. FATHER			The standard	14. MOTHER'S MAIDEN N		4.5.7
1	harles Keller			Lilli	an McMann	
5. Wos Dec	eased Ever in U. S. Armed F.	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	known) (tf yes, give war oı do	tes of service)	214-14-7509	W:11: am 0 S	ah aidaaaa	1621 5-1-
1B.	0180 30		CAUSE OF DEAT	William D. S.	chemegger -	APPROXIM
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rise t	the abave cause (A)			X	russ.	
UNDER	LYING CONDITION last.		(c)			
Z	IGNIFICANT CONDITIONS CO	ONTRIBUTING	Coul	9		1
OUHEKS		THE TERMINAL	wour	710 / 1.	7, ~	1 1 .1
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TO THE	OR CONDITION GIVEN IN PA	ART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERI	E FINDINGS CONSIDER
TO THE DISEASE	TE OF OPERATION 198. CO	ART 1 (A). ONDITION FOR VERFORMED	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	IN CERTIFYING C	AUSES OF DEATH?
TO THE DISEASE 19A. DA 21A. AC OR COT DEATH	OR CONDITION GIVEN IN PA	ART 1 (A). ONDITION FOR VERFORMED	PLACE OF INJURY (e.g., in the form, foctory, street, of	n or obout 21C. WHERE DID	IN CERTIFYING C	AUSES OF DEATH?
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BIRTH	NO	1	MED	ICAL E	MAMINEK 3	CEKTIFI	CATE OF	DEAT	REG. NO.	69	-105	30
I. NA	ME OF DEC				1.1	2. DATE OF	Known	Month	Doy	Year	Hour	
4. PLA	CE IN BAL			HERE PRON	OLG OUNCED DEAD	3. DATE	Estimoled	Month	Doy	Yeor	Hour	М.
FULL N	AME OF	(IF NO	T IN HOSPITA	L OR INSTITU	TION, GIVE STREET		PRONOUNCED DEAD					
HOSPIT OR INS	NOITUTIT		SS OR LOCA			5. USUAL R	ESIDENCE (Where	Octobe deceosed li	B. COUNTY			ssion)
6. SEX	U	nivers:	LLY HOS	8. MARRIED	X NEVER MARRIED	C. CITY OR	Maryland		D. INSIDE CI	ne Ar		
Ma	10	White		WIDOWED		¬	ofton		V	🗆	NO 🔀	
9. DAT			10. AGE (In	yeors If t	Jnder 1 Yr. ff Under 24 Hr	s. E. STREET A	ofton		YE	:> [_]	NO LXI	
111	1211	18	last birthdo		nths Doys Hours Mi		Desired on III			ch	52-	0.0
11, BI	THPLACE (S	tote or foreig			CITIZEN OF	13. FATHER	Dryden Wa	ау		_		
	Tennes	see			WHAT COUNTRY?		Clarence	Arnol	ld			
14A.USI	UAL OCCU	PATION (Giv	e kind of work	14B. KIND OF	BUSINESS OR INDUST	RY 15. MOTHE	R'S MAIDEN NAM	ΛE				
	ring most of w	orking life, ev	en itretired)	U. S	G. Gov.	117	lknown					
		D EVER IN		FORCES?	17. SOCIAL	18. INFORA			A	DDRESS	Md.	
	or unknown)	(if yes, give v	- 194	,	SECURITY NO.	Carl	W.Arnold	28 1	Williams	Dr. I		nine
19. ,	590	- 1	ds /+ 4	*	CAUSE OF DE		6.11 210 20	20 1	V die autophy retractingster wird VV	A	PPROXIMATE II	NTERVAL
	DISTAC	E OR COND	ITION DIDE	TIV	Russaha		pneumonia and peritonitis					
		LEADING TO		LILT			_					
	heort foilure injury or con At DISEASES (RISE TO THE	of meen the ostherio, etc. ostherio, etc. opticotion which will be considered by the constant of the constant	. It means the ch coused dead CAUSES ONS, IF ANY USE (A) STAT	diseose, eth.)		R AS A CONSEQ	nshot Wout UENCE OF:					
E E	TO THE DEADISE OR	IFICANT CON ATH BUT NOT CONDITION	GIVEN IN PA								28	
20 A	DATE OF	OPERATION	20B. CON	DITION FOI	WHICH OPERATION	WAS PERFORM	ED			21. AUTO	OPSY? (Yes	or No)
₩ UT	DERLYING	NAL CAUSE OR CON USE OF DEA Month) (D	TRIB-	hom	PLACE OF INJURY (e.g. form, foctory, street, of house	ice bldg., etc.) If	1630 Dryd The How did in	en Way	UR?	200		
(AF	PPROX.)	10	8 69	7P e m.	WORK AT	WORK 3 S	ubject sh	ot sel	f.			
1 20.	I cert	ify that I h	eld an I	nquiry 🗌	Inspection 🗌 🛕	utopsy XX	and that an th	nis basts.	death in my	opinian		
		ed fr∲m: N							ned manner	_		
	ACTUAL	1111	mst	SV	no ,	(CHIEF MEDICAL E	XAMINER		_	DATE SIG	NED
	EXAMINI NAME (T	R'S	erner U	. Spit	z, M.D.		Chief M	XAMINER edical	Examine	er	10-23-	69
24A. BL	URIAL CREA	AATION, 2	4B. DATE		4C. NAME of CEMETER			LOCATION) (Sto	ote)
	urial		10-27-	-69	Ft. Lincoln	Cemeter		Blode	ensburg.	7//2		
25A. D.	ATE REC'D	7 1969		25B. NAM	OF REGISTRAR	25C. F	UNERAL DIRECTO	OR .	43		itland	Rd.

VS 151-REV, 1/1/6B

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V 520 69	10531 BALTIMORE CIT	Y HEALTH DEPARTMENT	CO 40504
2-070	CERTIFICA	ATE OF DEATH REG. NO	69 1.0531
BIRTH NO.		2. DATE AND HOUR OF DEA	ATH
Type or Print)	O Kin		
MONNIC	B. NING	4. USUAL RESIDENCE (Where deceased lived.	9 10:15 P. N
B. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE B. COUNTY	if institution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	md.	1608
OSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET TION)	C. CITY OR TOWN	INSIDE CITY LIMITS?
TSIITO II SIK			YES NO
4-6		E. STREET AND NUMBER	1E3 E
11	4 1	NO .	
hutheran 1	10spital	133 GnaNtley St.	
SEX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.
Female Coloned	WIDOWED DIVORCED	9-5-1906 63	
A. USUAL OCCUPATION (Give kind of work	108, KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)		400	
Domestic		Roxboro. N.C.	71,5,17.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
11		-1 1/	
O. Wos Deceased Ever in U. S. Armed Ford	2	ZLXKNOWN	
es, no or unknown) (If yes, give wor or dote	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
4/3	2/2 52 1525	- Palale BB1- 11 112	21 / 5.
11R	CAUSE OF DEA	TH ALOND NITTH XCG 12	3 GUZNELLOV ST.
374.7			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECILY	11/11/11/60	- Til = 101
	(A) IMMEDIATE CA	AUSE MITHAL INFA	Mercel Stadeunt
(This does not mean the mode of heart foilure, asthenia, etc. It means	the disease.	S A CONSEQUENCE OF:	
injury or complication which coused	deoth.)	potensa Cooks Vosesh	
ANTECEDENT CAUSES	0	Liver	- 34ns
DISEASES OR CONDITIONS, if	(B)	S A CONSEQUENCE OF:	
rise to the obove couse (A)	sloting the	O A CONSEQUENCE OF.	
UNDERLYING CONDITION lost.	(c)		
11			
Z	NTRIBUTING		
TO THE DEATH BUT NOT RELATED TO TH	IE TERMINAL		
		20A. AUTOPSY? (Yes or No.) 20B. IF YES, W	ERE FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B. CON WAS PERF	ORMED	. IN CERTIFYING	CAUSES OF DEATH?
		NO	
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	, in or obout 21 C. WHERE DID (If in Bolt office bldg., INJURY OCCUR?	timore City, give exoct location)
DEATH (notify medical examiner)	etc.)		
21 D. TIME (Month) (Doy) (Year)	(Hour 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not Wh		
(APPROX.)	Work At Wor	k	
22. I certify that (I) (this hespital	attended the decored from	8-1-6919 10	10-23- 1969
that (1) (we) last saw the decease	d alive on / 0 - 40 - 5		apinian death accurred on the dat
and hour and from the causes stat	ed obove. (I) (We) (did) (did nat)	view the body after death.	
23A. SIGNATURE			238, DATE SIGNED
ma of	Mr. M. A. A.	tending 52 Med. T Staff T	11 2. 00
1 Carrie	VECTOR PH	rending Med. Staff Phys.	10-24-67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
DA W. Pick	/ A / A Mas	238 N. Cura St	- Bello - Mid
44. RUPLAL CREMATION 248 DATE	DEGRE	REMATORY 24D. LOCATION	(City town or country)
4A. BURIAL CREMATION, REMOVAL (Specily)	240. NAME OF CEMETERS OF C	REMATORY 24D. LOCATION	(City, town, or county) (Stote)
Bunial 10-22/	a Panyon Mon	1812/PX /211001	Med.
5A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS
OCT 27 1000 Q.C. a.C.	3. R. (300)	P -10.10 P 0111	212.600. 01
ARI W (1202 AMONTO C	Name of the state	O Vandaple Alexiet	24316 Newer St.
S 150-REV. 1/1/6B	The state of the s		

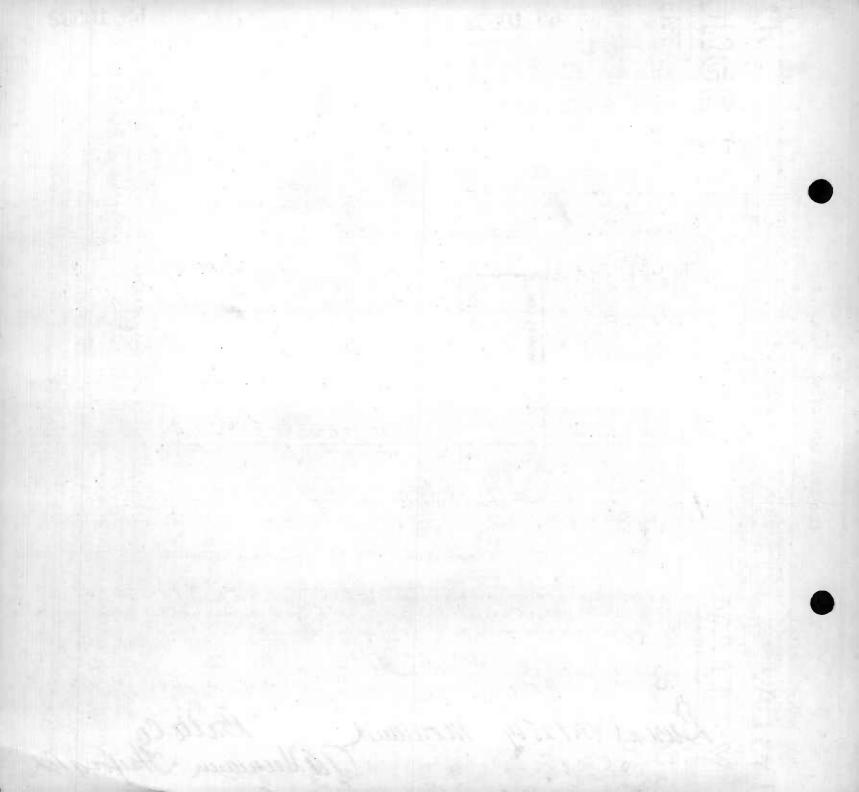
Demeteric The second secon Market etc. NAME OF THE PARTY NAMED OF THE P And in the second section of the second section of the second section is the second section of the second section of the second section of the second section is the second section of the section of t Parties of House of Land and Marchael S. Karanel Sales Carlotte Land Carlotte Comment of the Comment of th

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ADDRESS

If Under 24 His. Hours Min.



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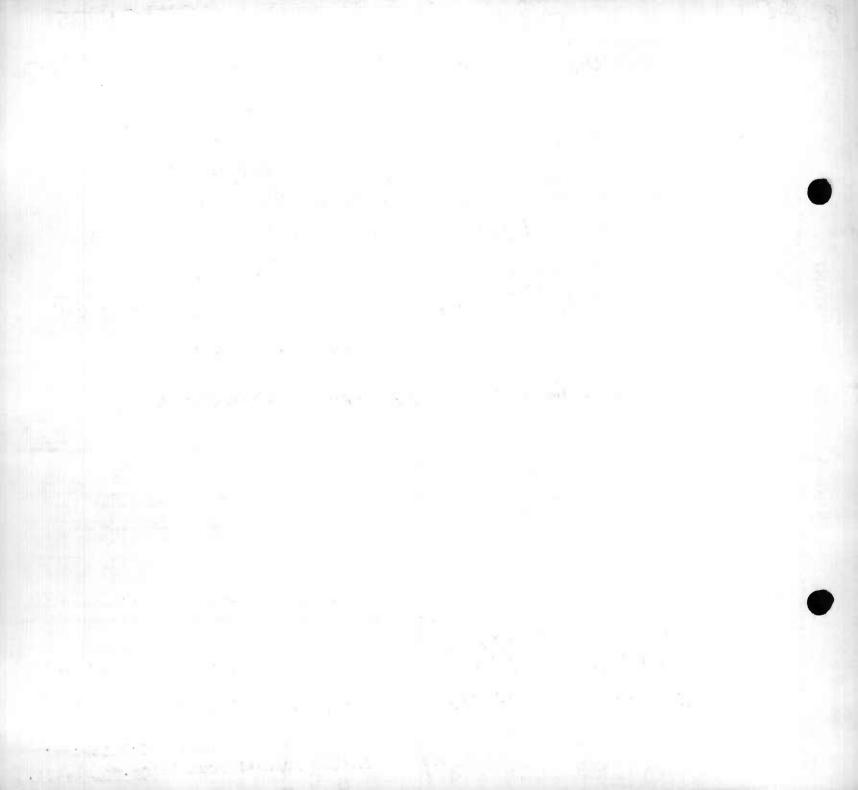
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DIRECTOR:

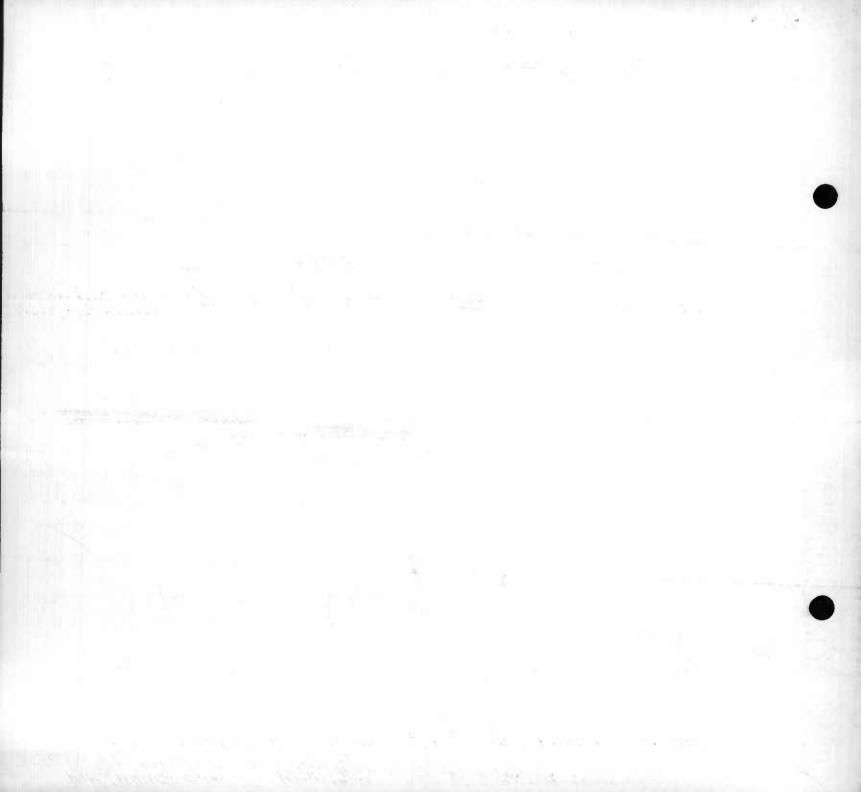
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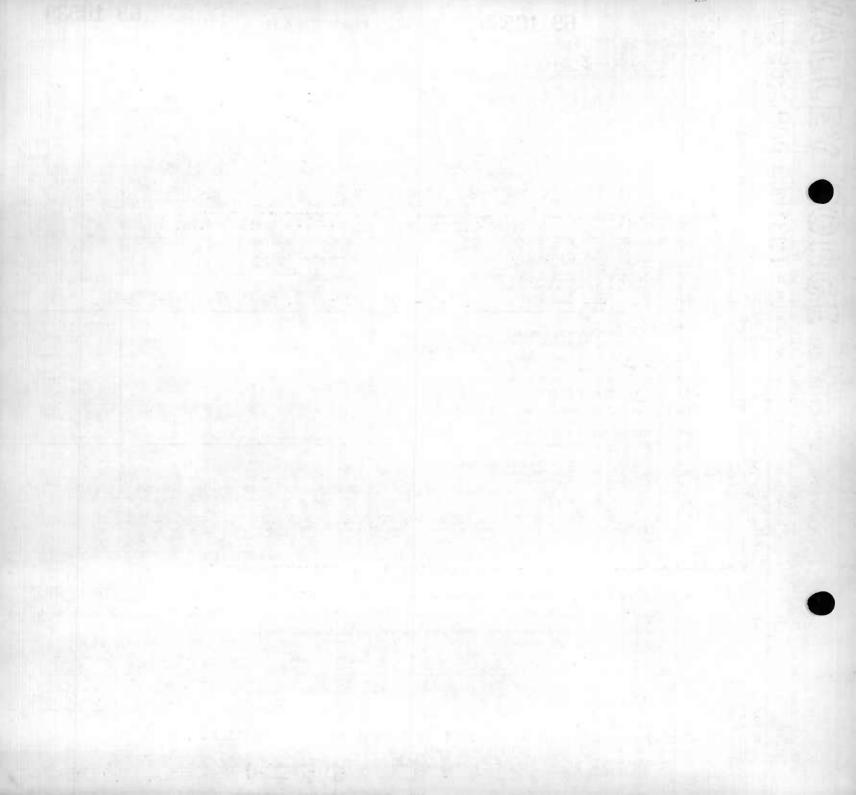


	69 10536		HEALTH DEPARTMENT	REG. NO.	69 10536
BIRTH NO.	09 10090	CERTIFICAT	TE OF DEATH	KEG. NO.	
Type or Print) Hice	D. ENN.	055	10 -	24 - 69	2 P M.
3. PLACE IN BALTIMORE, MAR FULL NAME OF (IF NOT HOSPITAL OR ADDRESS	IYLAND, WHERE PRONOUNC IN HOSPITAL OR INSTITUTIO S OR LOCATION)		4. USUAL RESIDENCE (When A STATE B. COUN C. CITY OR TOWN	Bwla D. INSID	E CITY LIMITS?
Lutheran	Hospita	L	E. STREET AND NUMBER	SWAY RI) ,
5. SEX Temale Whi 10A. USUAL OCCUPATION (Give done during most of working life, eve	kind of work 108, KIND OF BU	DIVORCED	11-11-90	79	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?
Housewife			Baltimore, Mary	yland	U.S.A.
13. FATHER'S NAME		1	4. MOTHER'S MAIDEN NAM	ΛE	
Jeremiah Maher			Ella Delaney		
5. Was Deceased Ever in U. S. Yes, no or unknown) (If yes, give	Armed Forces? wor or dotes of service)	SECURITY NO.	7. INFORMANT Irs. Eileen E. Gi	il1,6102 Coll	insway Rd.
DISEASE OR COND LEADING TO LEADING TO (This does not mean the heart failuse, asthenia, etc. injury or complication whi ANTECEDENT DISEASES OR CONDITION tise to the above conducted the conduction of the conduct	D DEATH made of dying, e.g., . It means the diseose, ch coused death.) T CAUSES ONS, if any, giving ouse (A) stating the			V	BETWEEN ONSET AND BEATH
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REDISEASE OR CONDITION GIVE 1994. DATE OF OPERATION 21A. ACCIDENT WAS UND	LATED TO THE TERMINAL		CLETOTIC CON		NDINGS CONSIDERED
OR CONTRIBUTING CAU DEATH (notify medical exam	SE OF home, feetc.)	ACE OF INJURY (e.g., in form, foctory, street, officers,	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
ZID. TIME OF INJURY (APPROX.) (Month) (Do	y) (Yeor) (Hour) 21E, INJ While A Work	JURY OCCURRED At Work	21F. HOW DID INJ	URY OCCUR?	
that (I) (we) last sew the	shaspital) attended the de deceased alive an august stated abave. (1) (W	Ve) (did) (did nat) vio	19and the	at in(my) (aur) apini	an death accurred an the date
	t.27,1969 St. P	e of CEMETERY of CREA	y Bal	cation (City,	
OCT 2 8 196	9 Robert E. Jak	EGISTRAR	G. Truman Schwal	b,5151 Balto.	Natl.Pike,Baltimor Maryland, 21229

ment the restriction and the property that the best ground to be

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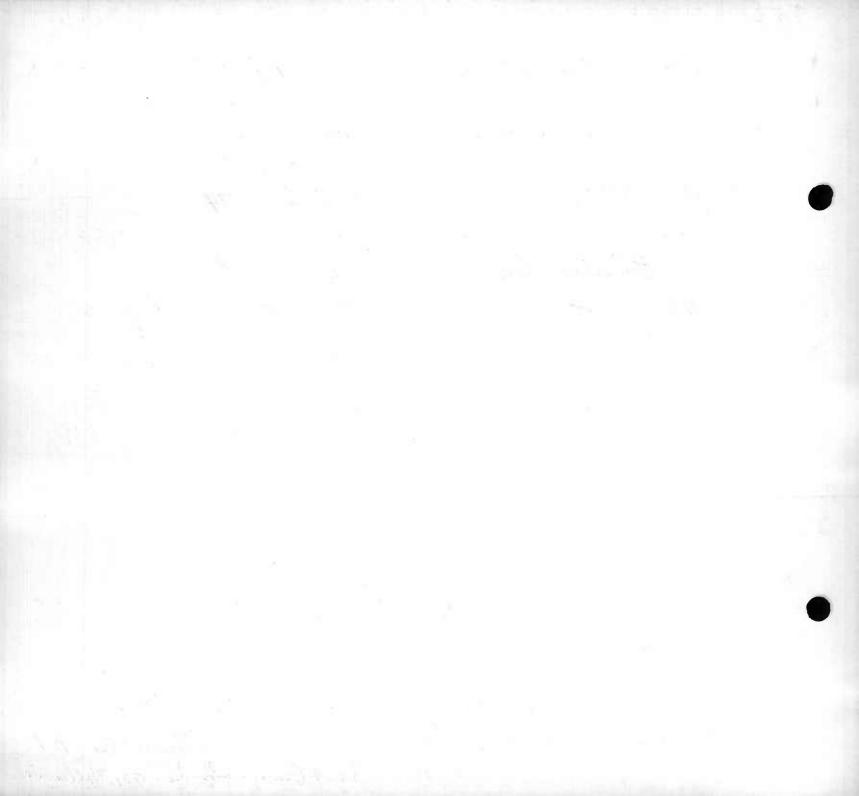


M-550

	R'S CERTIFICATE OF DEATH REG. NO. 69 10540
1. NAME OF DECEASED	2. DATE Known X Month Doy Year Hour
DOROTHY E. MANNONE	OF DEATH Estimoted □ 10 23 69 4:50 p.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FUL NAME RT MINOT INCHOSPITATION INSTITUTION OF THE HOSPITATION (INSTITUTION OF THE HOSPITATION OF THE HOSPI	PRONOUNCED DEAD Oct. 23. 1969 4:50 p. M.
OR INSTITUTION 2-17-7	5. USUAL RESIDENCE (Where deceosed lived, If Institution; residence before admission)
1400 Kuper Place	A. STATE B. COUNTY 1902
6. SEX 7. RACE B. MARRIED NEVER MARR	
Female White WIDOWED DIVOR	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under	24 Hrs. E. STREET AND NUMBER
August 18,1929 40 Months, Doys, Hours	X 1400 Kuper Place
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAT COUNTRY U.S.A.	Albert Z. Ringer
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR IN	NOUSTRY 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) HOUSEWITE	Regina Schwollow
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) \$ECURITY I 21 4-30-	065 Angelo Mannone 1400 Kuper Pl. 21223
19 CAUSE (OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	DETTEN ORDER AND DEATH
LEADING TO DEATH	EDIATE CAUSE Patty liver Pneumonia
	TO, OR AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (P)	
	TO, OR AS A CONSEQUENCE OF:
I LINDERLYING CONDITION LAST	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERAT	ic alcoholism with fatty liver
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED 21. AUTOPSY? (Yes or No)
0 2	YES
	RY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	eet, office bldg., etc.) INJURY OCCUR?
	URRED 22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) MHILE AT WORK	NOT WHILE AT WORK
23.	AT TORK
1 certify that I held on Inquiry Inspection	Autopsy XXX and that on this basis, death in my apinian
resulted from: Natural causes XX Accident	Suicide Hamicide Undetermined monner
The state of the s	CHIEF MEDICAL EXAMINER
SIGNATURE Athwalch'	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Isidore Mihalakis, M.1	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CE	METERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 10/27/69 Glen Ha	ven Mem. Park Anne Arundel Co. Maryland
25A. DATE REC'D BY HEALTH DEPT. OCT 28 1969 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
1050 Best E. Jaiber, M	Walters Funeral Home Pratt&Stricker
001 78 1303 04	Sts.

Surjet 19/27/59 and make the same and same and same the same and same and

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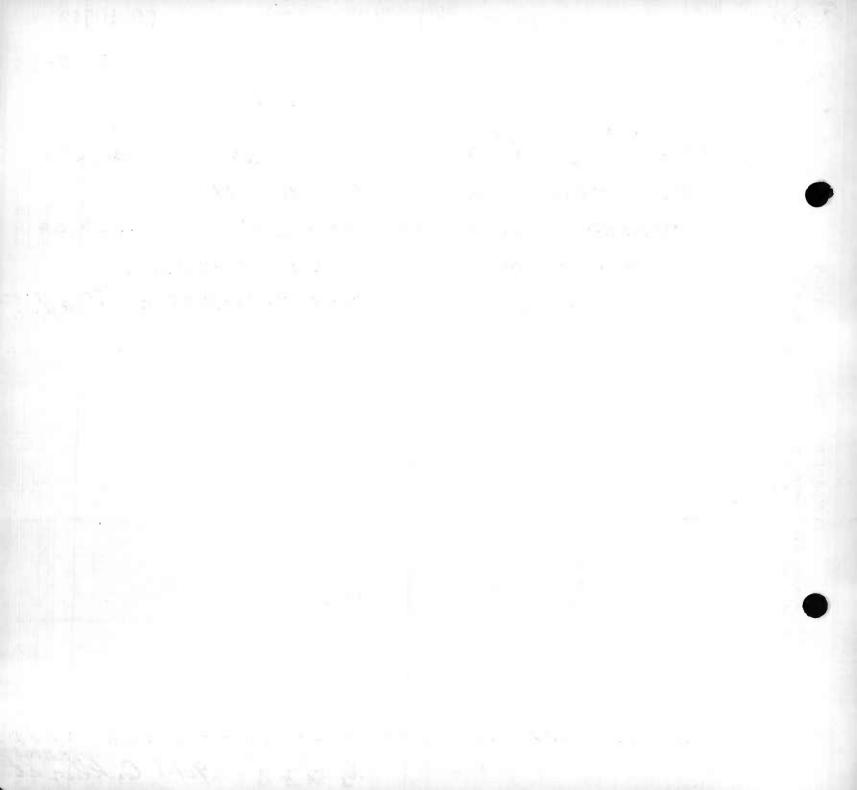


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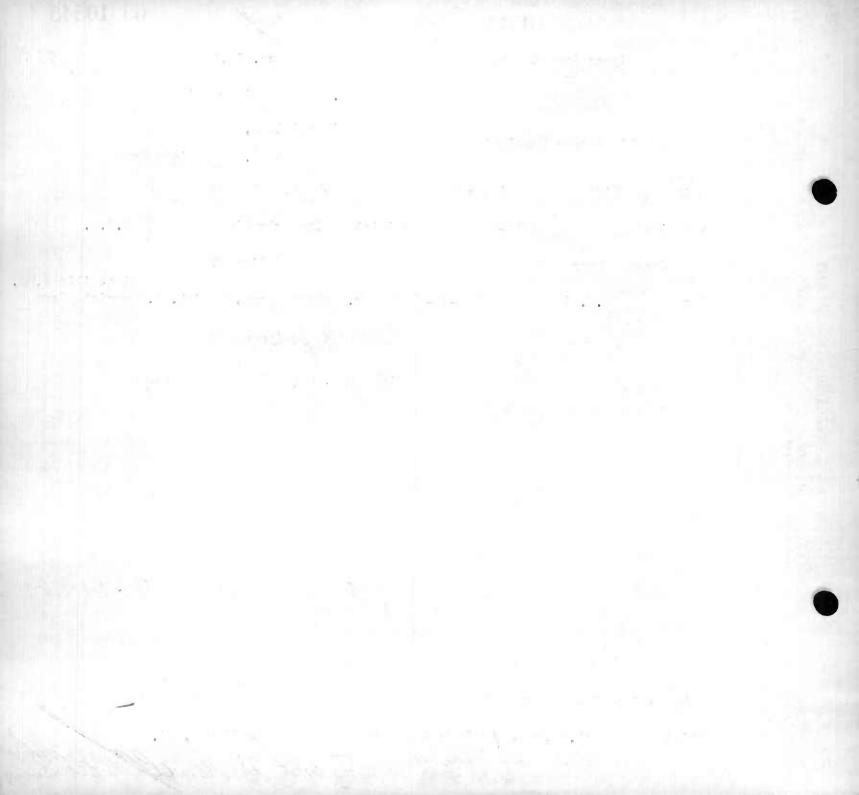
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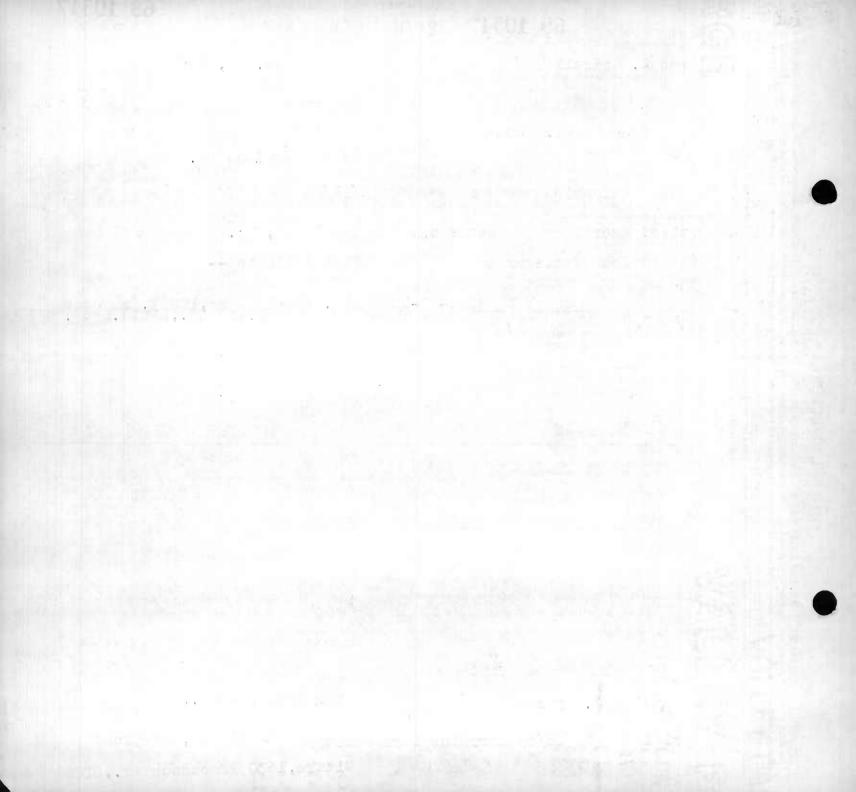
Type or Print)	DECEASED				AND HOUR OF DEAT	Н
	Cyrus Lep	ort Rhone	9	Oc	t. 17,1969	2,55.
	DEATH IN BALTIMORE,			A. STATE B. CO		institution: residence before admissi
HOSPITAL INSTITUTIO	OR oddress or loca	itol or institution, otion)	give street		outside city limits, write	e RURAL ond give township)
36 Fr	anklin Square	Hospital	1	D. STREET ADDRESS	(If rurol, give locotion) Rd. & Marrio	ott Iane
. sex Male	6. RACE White	WIDQWE	NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH March 31.18	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA, USUAL O	CCUPATION (Give kind of vist of working life, even if retire	work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign country)	12, CITIZEN OF WHAT COUNTRY?
Reti		Self-er	mployed Machir	14. MOTHER'S MAIDEN N		U.S.A.
	Sesse Rhone				line ?	
res, no or unkn	osed Ever in U. S. Armed	Forces? dotes of service)	16. SOCIAL SECURITY NO. 205-03-2157	17. INFORMANT	one Old Crt	Pikesville 8,1 .Rd.&Marriott Iane
Yes	W.W. 1		1000	OF DEATH	one, ora or or	INTERVAL BETWEEN
					unoma. Arteniscle	
rise to	S OR CONDITIONS, the abave couse (, YING CONDITION lost, IGNIFICANT CONDITIONS E DEATH BUT NOT R OR CONDITION CAUSIN	A) stating the S CONTRIBUTING RELATED TO TH	(C)			
OTHER SI TO THE DISEASE 19A. DATE	the abave couse (A YING CONDITION lost.	if ony, giving A) stoting the S CONTRIBUTIN SELATED TO THE G IT. ONDITION FOR PERFORMED	(C)			EE FINDINGS CONSIDERED CAUSES OF DEATH?
NOTHER SITO THE DISEASE 19A. DATE OF CONTINUE TO THE DISEASE 19A. DATE OF CONTINUE TO THE DEATH IN THE DEATH	the abave couse (i) YING CONDITION lost,	if ony, giving A) stoting the S CONTRIBUTIN ELLATED TO TH IG IT. CONDITION FOR PERFORMED G 218	G HE WHICH OPERATION B. PLACE OF INJURY (e.g., ine, foctory, street, one, foctory, stre		No) 208. IF YES, WER	
OTHER SI TO THE DISEASE 19A. DATE 21A. ACC OR CONT DEATH (n	the abave couse (A) TING CONDITION lost,	if ony, giving A) stoting the S CONTRIBUTIN ELLATED TO TH IG IT. CONDITION FOR PERFORMED G 21B hon etc. eor) (Hour) 21E	G S. PLACE OF INJURY (e.g., in the following of the following) I. PLACE OF INJURY (e.g., in the following of the following o	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	No) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SITO THE SITO THE SITO THE DISEASE 19A. DATE 19A. DATE 19A. DATE 21A. ACC OR CONTINUE (APPROX.) 22. I certhot (I) (the abave couse (A) TING CONDITION lost,	if ony, giving A) stoting the S CONTRIBUTIN RELATED TO TH G IT. CONDITION FOR PERFORMED 21B hon etc. eor) (Hour) 21E Wh wo stoi) ottended toosed olive on	G SEE WHICH OPERATION B. PLACE OF INJURY (e.g., ine, lorm, foctory, street, or instance) L. INJURY OCCURRED Side At Work At Work At Work	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID strice bidg., INJURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING COUR? NJURY OCCUR?	EE FINDINGS CONSIDERED CAUSES OF DEATH? Fore City, give exact location)
OTHER SITO THE SITO THE SITO THE DISEASE 19A. DATE 19A. DATE 19A. DATE 21A. ACC OR CONTINUE (APPROX.) 22. I certhot (I) (the abave couse (A) The course (A) The condition lost,	if ony, giving A) stoting the S CONTRIBUTIN RELATED TO TH G IT. CONDITION FOR PERFORMED 21B hon etc. eor) (Hour) 21E Wh wo stoi) ottended toosed olive on	G SPLACE OF INJURY (e.g., ine, lorm, foctory, street, one) INJURY OCCURRED The deceased from I) (We) (did) (did not)	20 A. AUTOPSY? (Yes or in or obout 21C. WHERE DID 18 19 19 19 19 19 19 19 19 19 19 19 19 19	No) 208. IF YES, WER IN CERTIFYING COUR? NJURY OCCUR?	EE FINDINGS CONSIDERED CAUSES OF DEATH? Fore City, give exact location)
OTHER SITO THE DISEASE 19A. DATE OR CONT DEATH (n PROX.) 21 D. TIME OF INJUR (APPROX.) 22. I certhot (I) (ond hour	the abave couse (A) TING CONDITION lost.	if ony, giving A) stoting the S CONTRIBUTIN RELATED TO TH G IT. CONDITION FOR PERFORMED 21B hon etc. eor) (Hour) 21E Wh wo stoi) ottended toosed olive on	G SEE WHICH OPERATION S. PLACE OF INJURY (e.g., ine, lorm, foctory, street, or constitution of the consti	20 A. AUTOPSY? (Yes or in or obout 21C. WHERE DID 16ffice bidgs, INJURY OCCUR? 21 F. HOW DID 1	No) 208. IF YES, WER IN CERTIFYING C	De FINDINGS CONSIDERED CAUSES OF DEATH? Fore City, give exact locotion)
OTHER SITO THE DISEASE 19A. DATE OF INJUR (APPROX.) 22. I certhot (I) (ond hour 23A. SIGN NAM)	the abave couse (A) TING CONDITION lost.	if ony, giving A) stoting the S CONTRIBUTING IT. S CONTRIBUTION FOR PERFORMED G 21B hon etc. G (Hour) 21E Who wo it oi) ottended to sed olive on stated above. (MCA MCA MCA MCA MCA MA MCA MCA	G HE WHICH OPERATION B. PLACE OF INJURY (e.g., ine, lorm, foctory, street, or interest of the deceased from the decease	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID 1 19	No) 208. IF YES, WER IN CERTIFYING CO. (If in Boltim NJURY OCCUR? 19 4 to	De FINDINGS CONSIDERED CAUSES OF DEATH? Fore City, give exact locotion)



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co 1	0546 ME	DICAI	L EXAMINER'S			DEAT	H	69	1054	6
BIRTH NO.	CEACED			II2. DATE	Knawn K	Month		Year		
(Type or Print)	Lillie A. M.	artin		OF DEATH	Estimoted	10	18	69	11:30	P . M
4. PLACE IN BA	LTIMORE, MARYLAND			3. DATE		Month	Doy	Yeor	Hour	101.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					SIDENCE (Where			69 n: residence		P • _{M.}
A Si	nai Hospita	1		A. STATE	Maryland		B. COUNTY	2	78	8
6. SEX	7. RACE	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		0_		
female	white	WIDO			Baltimo	ore	Υ	ES 🔛	NO 🗌	
9. DATE OF BIRT	1907 10. AGE	(In years hdoy) 74	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		ND NUMBER	Charle	s Ave.			
I BIRTHPLACE	State or foreign country		12. CITIZEN OF	13. FATHER		ond I c				
GHUNG	ton. Md		WHAT COUNTRY?		GEOR	GE	HARF			
	JPATION (Give kind of w working life, even if retire		D OF BUSINESS OR INDUSTR	Y 15. MOTHE		VE	././/			
House	EWIFE	OW	N HOME		ENSIE	INI	WHEKE	M		
	ED EVER IN U.S. ARA (If yes, give wor or do			IB. INFORM	MANT	,	A	DDRESS B	ALTIMO	RE
140	NONE		220-03-43	36 MM.	DWIN HA	AE, 30	21551.	CHARI	PES AVE	- Ma
19. = 9	531X		CAUSE OF DEA	ATH					VEEN ONSET AND	
DISEAS	SE OR CONDITION D	IRECTLY		Mot	abolic ac	idomin				
(This does in the control of the con	not mean the made of e, osthenio, etc. It means	dying, e.g.,	(A)IMMEDIATE DUE TO, OR	AS A CONSEQ		Idosis				************
	mplication which coused									
A	NTECEDENT CAUSES		(B) Asphy	xia wit	h plastic	bag				
DISEASES RISE TO TH	OR CONDITIONS, IF	ANY, GIVING		AS A CONSE	QUENCE OF:					
UNDERLYII	NG CONDITION LAS		(c)							
9	11									
DISEASE OF	AIFICANT CONDITIONS ATH BUT NOT RELATED R CONDITION GIVEN II	TO THE TERM	AINAL LINGES CLOI		hapyrilen	e ?	***************			
20A. DATE O	F OPERATION 20B.	NOITIONO	FOR WHICH OPERATION W	AS PERFORN	ED			21. AUTO	PSY? (Yes or I	No)
4/1	DIAL CALISE MAS		Tool BLACE OF INTURY	1	oc Whene Dip	(u · · · p · lu·		ye	es	
UNDERLYING UTING CA	RNAL CAUSE WAS GEOR CONTRIB- AUSE OF DEATH.	-31	22B. PLACE OF INJURY (e.g. home, form, foctory, street, offi home	ce bldg., etc.) II	5215 St	Charl	es Aven	ue a	77-8	9
OF INJURY	3	reor) (Hou	WHILE AT NO	7 M/LINE 2	2F. HOW DID IN.	JURY OCCI	UR? Pulle	d plas	stic bag	g ove
(APPROX.)	10-17-69	? a.	m. WORK	T WHILE	head and	questi	onably	ingest	ted Nyto	ol
	tify that I held an	Inquiry		utapsy X	and that an th	nis basis,	death in my	apinion		
resul	ted from: Natural	auses 🗌	Accident Suici	de 🗵 Ho	micIde 🗌	Undetermi	ned manner			
ACTUAL		By ((M)	ASSI	CHIEF MEDICAL E				DATE SIGNE	D
SIGNAT		I Snit	M.D. De	ASSC	CIATE MEDICAL E	XAMINER	miner	1	10/19/69)
24A. BURIAL CRE	MATION, 24B. DAT		ULAC. NAME of CEMETERY	-		LOCATION		n, or county		
REMOVAL (Spec		22 19	69 DRUID RIC	161= (METERN	PI	YESV	1hh	- 8 A	10
25A. DATE REC'D	BY HEALTH DEPT.	25B	NAME OF REGISTRAR	25C.	UNERAL DIRECT	OR ,	1	Deses	10	10
OCT	28 1969	step E	, Jawey, ""	75	rank ?	4. /	ewell	Pu	Resid	168
1/C 1/1 DEN 1/1/4	5 M 0 0	111 1		1	- W			1		

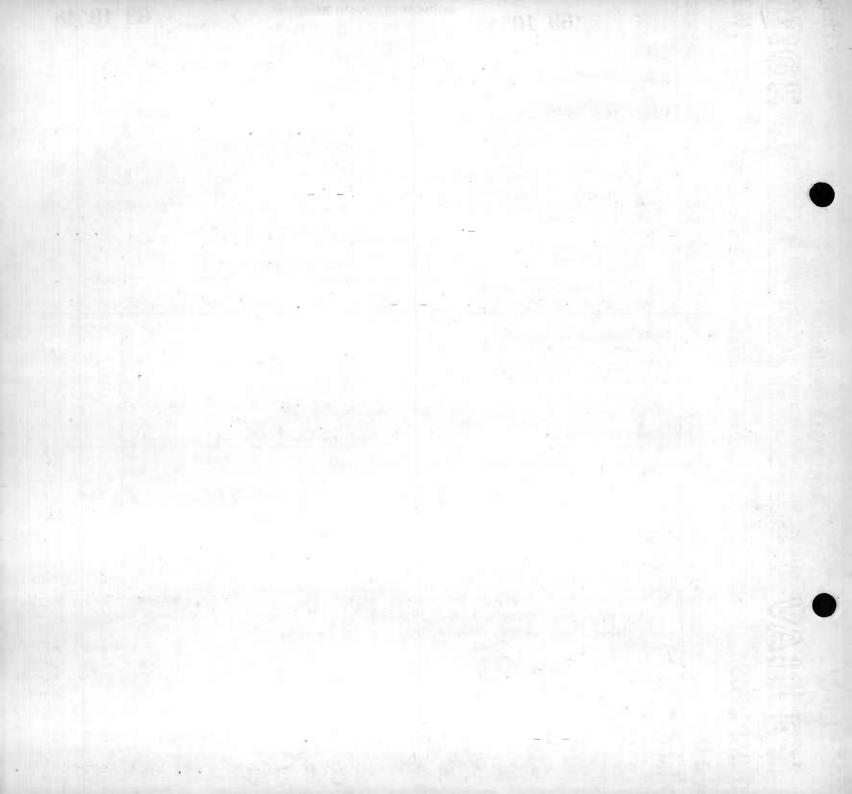
VS177 signed bu Dr.Spitz



OCT 28 1969

VS 150-REV. 1/1/6B

	69 10	E40	HEALTH DEPARTMEN	3/ 200 110	69 10548
BIRTH NO.		CERTIFICA			
Type or Print)		a anamy		E AND HOUR OF DEATH	
		F. FRISBY		tober 25, 1	
3. PLACE IN BALTI	MORE, MARYLAND, WHERE	PRONOUNCED DEAD		OUNTY	nstitution: residence before admission
FULL NAME OF	(IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARYLAND	mall.	03-00
HOSPITAL OR	ADDRESS OR LOCATION)		C. CITY OR TOWN		IDE CITY LIMITS?
	ity Hospital		Balto., (YES NO NO
31	Tog Hospital		82L J St		
SEX 6	RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	It Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Male	27	OWED DIVORCED	8-12-20	lost birthday)	Months Doys Hours Min.
		IND OF BUSINESS OR INDUSTRY		4/	12. CITIZEN OF WHAT COUNTR
	rking life, even if retired)	Beth-Steel	Dolltimono	Many Jand	U.S.A.
Labore 3. FATHER'S NAM	_	36011-30661	Baltimore		U.D.A.
	ames Frisby			is Frisby	
S. Was Deceased E Yes, no or unknown) (ver in U. S. Armed Forces? I yes, give wor or dates of so	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	10/31/42 11/	17/45 213-12-76	74 Mrs. Na	aomi Frisby	824 J Street
18. //	2	CAUSE OF DEAT		V	APPROXIMATE INTERVAL
DISEASE	OR CONDITION DIRECTLY	v	0 .		BETWEEN ONSET AND DEAT
	EADING TO DEATH		(Vanda	In land	2 Dack
		(A) IMMEDIATE CAL		e, [41]41	Samo
	mean the mode of dying sthenio, etc. It means the d		A CONSEQUENCE OF:		
	ication which caused deoth				4
AI	TECEDENT CAUSES	(1) m	0.4		2000
		(B) (B)	umonia		Low
	obove couse (A) statin		A CONSEQUENCE OF:	A 1	00 4
	CONDITION lost.	(c)) fel	sedensore C	a de lo Vas	Des
	ii ii	Ti (f			
OTHER SIGNIFIC	ANT CONDITIONS CONTRIBL	JTING			
	BUT NOT RELATED TO THE TERMINDITION GIVEN IN PART I (A)				
	PERATION 198 CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF C	WAS PERFORME	D		IN CERTIFYING CA	USES OF DEATH?
U 21 A. A CCIDENT	WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DI	D (If In Baltimo	re City, give exoct location)
OR CONTRIBUT	ING CAUSE OF	home, form, foctory, street, o	ffice bidg., INJURY OCCU	R?	
0		A DIE INTHES OCCUPATO	DIE HOW DIE	INJURY OCCUR?	
OF INJURY	Month) (Doy) (Year) (Hou			INJURY OCCUR!	
(APPROX.)		While At Not White Nork At Work	e		
22	(I) (Abia basaital) sta	adad sha danaarad faar	Tueso	1950 to QCI	alex 95 10/29
	nat (I) (this haspital) atte		our /-		101
that (I) (we) I	ast saw the deceased aliv	on October 2:	0 19.6.7 an	d that in (my) (aur) ap	inian death accurred an the da
and haur and	fram the causes stated ab	ave. (I) (We) (did) (did nat)	iew the bady after dec	ath.	
23 A SION 45 19RI	01 1				23 B. DATE SIGNED
A.C.	· a Hada		ending Med.	Staff	
22 C PHYSICIAN	m Conce	ON-OUR DEGREE Phy	s. Director L 23D. ADDRESS	→ Phys. ⊢	
NAME (Typ	e)	4 100	23 D. ADDKESS		
WILLO	im c. Wase /	4.0 D OEGREE			
44A. BURIAL CREM	ATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24	D. LOCATION (C	ity, town, or county) (State)
Burial	/ -	Baltimore Na	til Cem.	Baltimore	Maryland
25A. DATE REC'D B		NAME OF REDISTRAR	25C. FUNERAL DIREC		ADDRESS
0.07	2 8 1969 Bel	3. E. Jaiber, M. D.	MODIFICAT Some	प्रकृताता म म	1701 Laurens St



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO 🗌

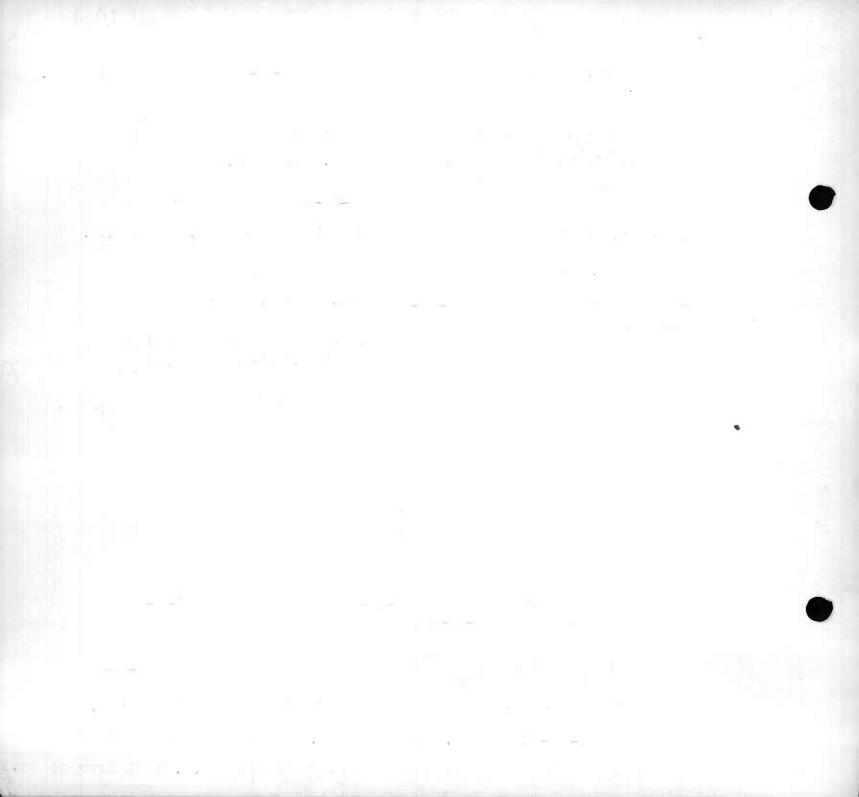
ADDRESS

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

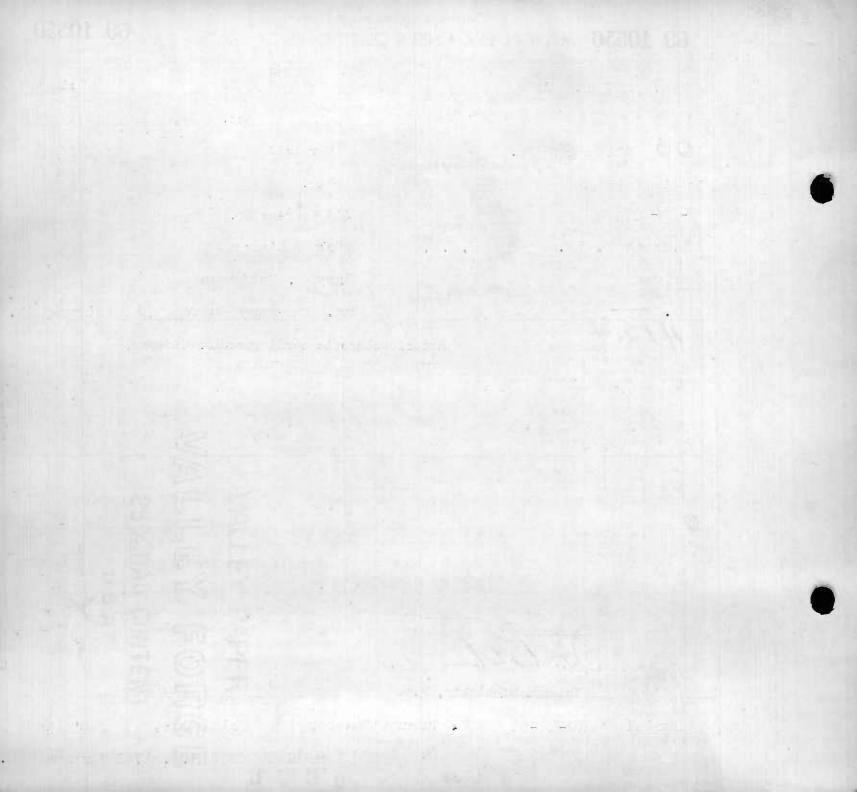
(Stote)

ADDRESS Laurens



BALTIMORE CITY HEALTH DEPARTMENT

	69 1	.0550) MED	ICAI		SAMINER'S			F DE	ATH REG. N		69	1055	0
1	RTH NO.	CEACED					II. DATE					M	F	
	NAME OF DECEASED (Type or Print) (ROSE) ROSE A. FANES						2. DATE OF	Known 🔀	Mor		,	Yeor	Hour	
-	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE	Estimoted		.0 24	+	69	3:15	а м.	
								DUNCED DEAD	Mon	nth Doy		Yeor	Hour	
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION			Oct. 24, 1969 3:15 a M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)										
OK	0 0						A. STATE	KESIDENCE (Wh	ere deced	B. COUNT		idence b	etore admissi	on)
Ļ	00	421	Laurens	St.				Maryland					4 0 a	1
6.	SEX	7. RACE				NEVER MARRIED	C. CITY C	RTOWN		D. INSIDI	E CITY L	IMITS?		
	Female		gro	WIDO	WED 🛚	DIVORCED		lto.			YES [Z _ r	NO 🗌	
9.	DATE OF BIRT		10. AGE (In		If Und	der 1 Yr. If Under 24 Hr is , Doys , Hours , Mic		AND NUMBER						
L	5-24-0)3	66	,,				1 Laurens	s St.					
11.	BIRTHPLACE(State or fore	ign country)			TIZEN OF	13. FATHE	R'S NAME					627	
L	Glouce	ster,	Va.		W	HAT COUNTRY?	Ni	ck Robin	nson					
144	USUAL OCCL	JPATION (G	ive kind of work	14B. KINI		USINESS OR INDUST								
don	Retire		ven ifrefired)				Ma	ry E. R	ohin	son				
	WAS DECEAS	ED EVER IN				17. SOCIAL	18. INFO		OPIII	15011	ADDR	ES\$		
(Ye	s, no or unknown	(If yes, give	wor or dotes	of service	e)	SECURITY NO.	Mag	. Rosem	0.7277	Hutton	112	т.	2112020	0+
-	19.		/			CAUSE OF DE		• Nosetin	ar.y	nacton	46.		ROXIMATE INTO	
	4-1	06.9								1 1		BETWI	EEN ONSET AN	DEATH
	DISEAS		DITION DIRE	CTLY		Arterio	sclerot	ic cardio	ovasc	cular dis	ease			
1	(This does a	LEADING 1	e mode of dy	ion e n		(A)IMMEDIATE								
	heart failure	e, osthenio, el	tc. It meons the	diseose,		DUE 10, 0	R AS A CONSE	QUENCE OF:						
	injury or co	mplicotion wi	rich coused dec	om.)										
1	A	NTECEDEN	T CAUSES			(B)								
П	DISEASES	OR CONDIT	IONS, IF ANY	, GIVING	2	DUE TO, O	R AS A CONS	EQUENCE OF:						
-		NG CONDI		III40 IIII		(c)								
Ó						(0)						-		
¥			II ONDITIONS C											
문			OT RELATED TO N GIVEN IN PA					elle alle ille speciel elle speciel en all speciel and all speciel age are speciel and		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			********	
ERTIFICATION						WHICH OPERATION	WAS PERFOR	MED			21.	AUTO	PSY? (Yes or	No)
Ö	0										0		No	
A	22A. EXTER	NAL CAUSE	E WAS	_	22B. PI	LACE OF INJURY(e.g	., in or obout	22C. WHERE DI	D (If in Bo	oltimore City, give	exoct lo		NO	
18	UNDERLYING	G OR COL	NTRIB-		home,	form, foctory, street, of	ice bldg., etc.)	INJURY OCCUR	?	,,,		,		
MEDI	UTING LICA 22D. TIME	(Manth)	(Doy) (Yeor	·) (Hou	\ 22	E.INJURY OCCURRED		22F. HOW DID	INITIDY	OCCUPS				
1	OF INJURY	(Monny)	(1601)) (1100	'		T WHILE	ZZI. HOW DID	11430K1	OCCOR:				
	(APPROX.)						WORK							
	23.						. 🗖	1.1.	4 1					
			held an I			Inspection XX A				asis, death in		nion		
	resul	ted frapt:	Natural cau	sesXX	X. Ac	cldent Suic	ide 💹 🔝	lamicide 🔲	Unde	termined mann	er 📙			
			AM.	/	1	1.		CHIEF MEDICA	L EXAMI				DATE SIGN	ED
	SIGNAT		Mar	tia	las	and M	.D. AS	SISTANT MEDICA	L EXAMI	INER XX			DAIL SIGIT	
	EXAMIN		~					OCIATE MEDICA	L EXAMI					
	NAME (Type)	Isido	re M	iha1	akis, M.D.			1110	10	/24/	69		
	A. BURIAL CRE MOVAL (Spec		24B. DATE		240	NAME of CEMETER	Y or CREMA	TORY 24	D. LOCA	ATION (City,	town, or	county)	(Stote)
1	Buri		10-28	3-69	1	Mt. Aubur	Ceme	terv	Ba	ltimore		7	Maryla	hnd
25	A. DATE REC'D					OF REOBIRAR		FUNERAL DIRE		L O LUI O L O	ADDR		Lords of the C	NA A
		UCIZ	5 1303	Harris Edward	بے کر	Valory Mills				ים כן ותוחי	77	07 7	011200	10 0
1							lvi	ORTON &	DIL	TT L. U.	7(OT I	Laurer	12 2
VS	151-REV. 1/1/6	8		1 (3 7	, 9	0 8	5 3	1)					



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IMPORTANT

FUNERAL DIRECTOR:

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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

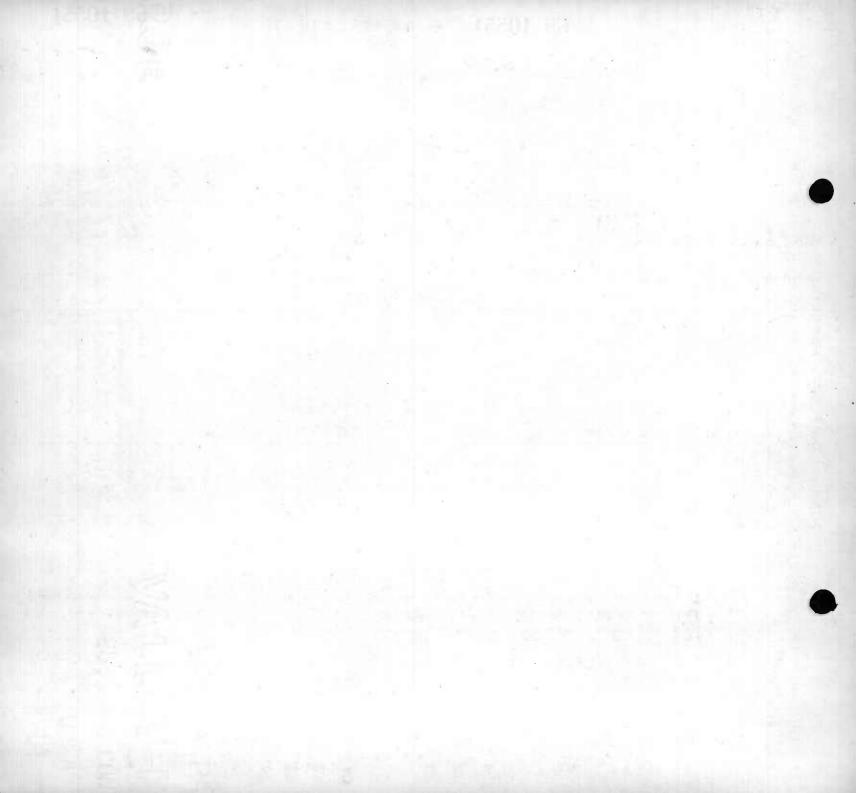
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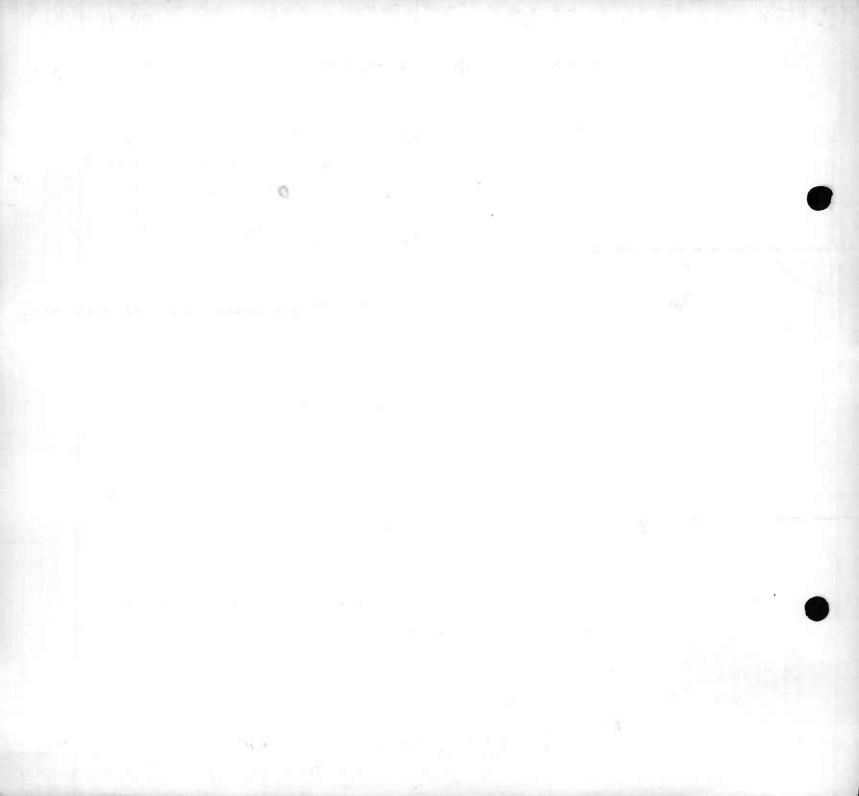
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

-23-69

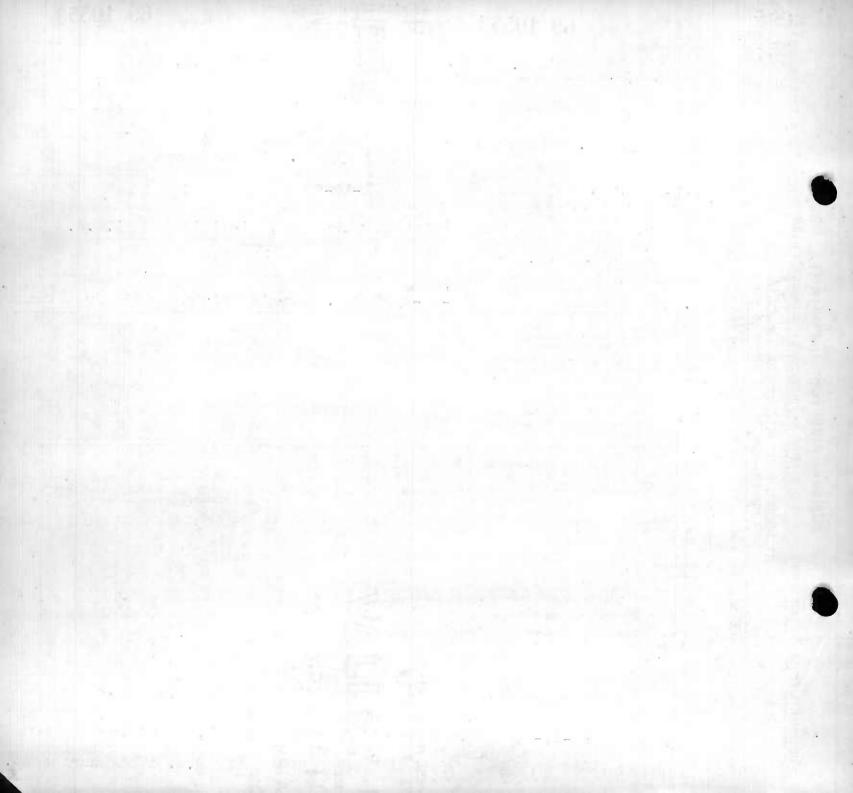
If Under 24 Hrs.



		69	10552	BALTIMORE CITY	HEALTH DEPARTMENT		69 10552		
BIF	TH NO.	7 11	10 16	CERTIFICA	TE OF DEATH	REG. No	00 10000		
	NAME OF DEC	14 - 44 44 - 4	Mart	va.	2. DATE A	ND HOUR OF DEATH			
Ľ		demission.	t Com	THE REPORT OF 15		ber 25,191			
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COU	ere deceased lived. If in	stitution: residence before admission)		
FU H (LL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN	D INS	IDE CITY LIMITS?		
	UNIVERS	ITY HOSPIT	AL OF	MARYLAND	BALTIMOR		YES NO		
	38				E. STREET AND NUMBER	HAN AVE	21215		
5. 5	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	EHALE	NEGRO.	WIDOWED	DIVORCED 3	6-26-07	lost birthday	Months Doys Hours Min.		
IOA don	USUAL OCCL	JPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY		
	—			- Applications	Balton MARYL	AND	USA		
13.	FATHER'S NAM	ME			14 MOTHER'S MAIDEN NA		1 771		
	DAVE	RICHARDSON	J		TANE	CARTER			
5.	Was Dassard	Ever in U. S. Armed For-		1 6. SOCIAL	17. INFORMANT	0	ADDRESS		
,10:	NO.	ur yes, give war or date	s of service)	SECURITY NO.	Hrs. Mary J. F.) 10 000			
-	18.	/ /		CAUSE OF DEATH		arker 441	8 Norfolk Are		
	DISEAS	E OR CONDITION DI	ECTLY	0.1012 0. D2.11,	•		BETWEEN ONSET AND DEATH		
		LEADING TO DEATH		(A) IMMEDIATE CAU	SE Renal Jai	1.00			
	(This does no	al meen the mode of ostherio, etc. Il meons	dying, e.g.,		CONSEQUENCE OF:	<u> </u>			
	injury or com	plicolian which caused	death.)						
	A	INTECEDENT CAUSES		(B) Cewaly	if ed Motosfalice (a. Breast (H).				
	DISEASES O	R CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	**************		
	UNDERLYING	above cause (A) CONDITION lost	signing the	(c)					
		- 11							
ATION	TO THE DEATH	CANT CONDITIONS COL	AF TERMINAL						
	DISEASE OR CO	OPERATION 198 CON	[] (A).	WHICH OPEN HOW	1204	W. A.A.			
ERTIFIC	0 -	WAS PERF	ORMED	~	20A-AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
CAL C	OR CONTRIBUTE DEATH Inchify	TING CAUSE OF medical examined	218, hometca)	PLACE OF INJURY (e.g., in e, farm, factory, street, of	or obout 21C. WHERE DID	(II In Bolilmar	e City, give exoct location)		
		(Manth) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	max occurs			
Ξ	IAPPROXI			le At Not While		OKI OCCOK.			
	22 1	1	Worl		<u> </u>		0 7 (7)		
		that (1) (this hospital)		te deceased from	10	17 Manhama 10 ,,,,,,,	0 - 25 1969		
- 1		lost sow the decease		/		not In (my) (aut) opl	nion deoth occurred on the dote		
	ond hour ond 23A. SIGNATUR	from the causes stat	ed obove. (I)	(We) (did) (did not) vi	ew the bady ofter death.				
		Thanesape	ham	After Phys.	nding Med.	Shoff Phys.	23B. DATE SIGNED Oct. 25, 69.		
	23 C. PHYSICIAN NAME (Ty	PE THAN ASC	PHON		3D. ADDRESS		F. OF MARYLAND		
24A	BURIAL CREA	1 1 1 1 1 1	24C.NA	ME of CEMETERY or CRE		OCATION (Cit	y, town, or county) (Stote)		
25A	DURIA. DATE REC'D	1 10/28/6 BY HEALTH DEPT.	7 VC	STURN Star	25C, FUNERAL DIRECTOR	toNuille	MARYLAND		
_		28 1969 .	دیاتی کے الا	LUCE TEO,	Moreton &	yett F.H.	1901 LAUROUS ST		
2	150-REV. 1/1/6	5							



VS 150-REV. 1/1/68



TYTE TIME IN AM SASH TARK SICH WIRGINIA WIE 75 18 - TO-US 51 X - A-2-U .an TUBBLE OUT MELLER LEER STREET WESTLEY FULTOW 3 SHITCH Course Street France Concrution (least ht strest MONIGOUESIN. Oct. 23, (7) (9) Oct. 23

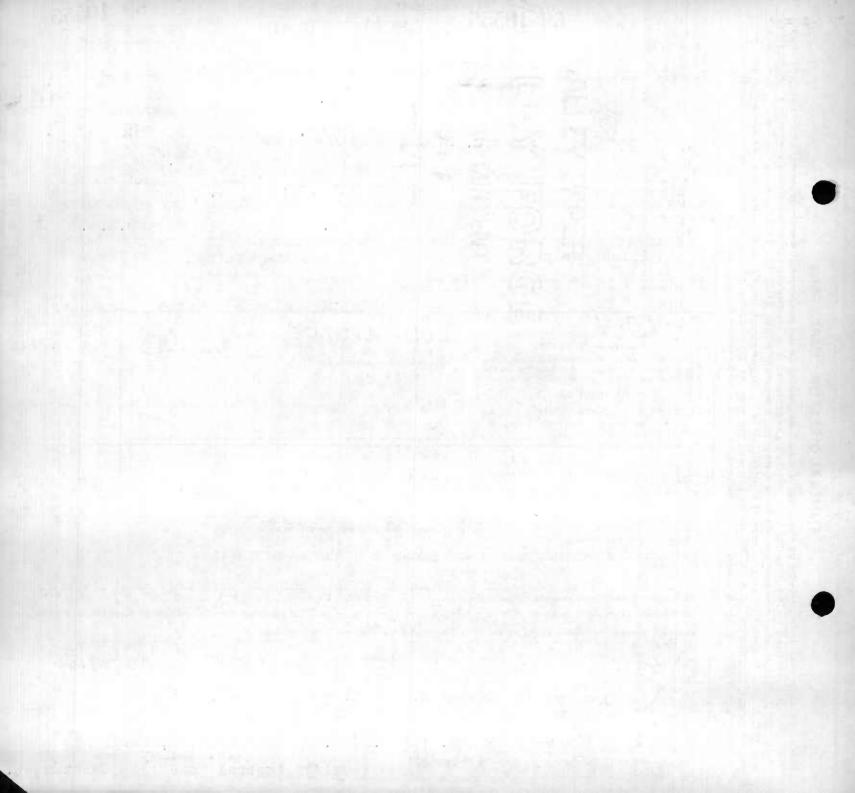
SPIESTED WILL OF ME. HOSP DALLO ME.

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? YES & NO If Under 24 Hrs. Hours i Min, If Under 1 Yr. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS daughter BETWEEN ONSET AND DEATH (If in Boltimore City, give exact location) and that In(my) (aur) apinion death accurred on the date 23 B. DATE SIGNED

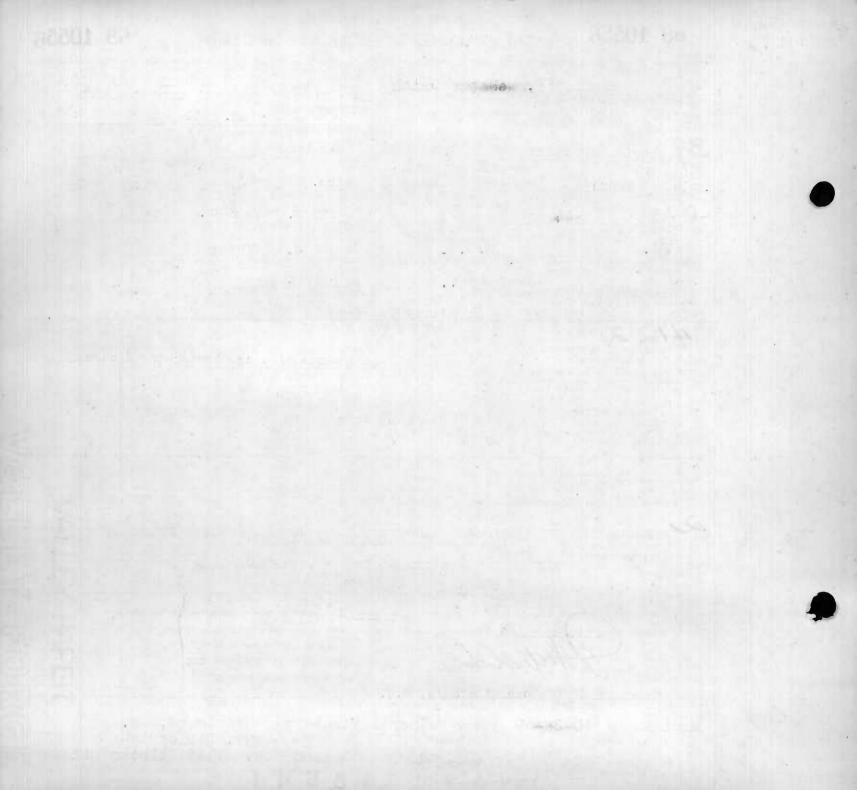
Calhoun



5-530

69 10556 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 10556

IRTH NO.											
NAME OF DEC			7.1 m	1 .	0	2. DATE OF	Known S	Month	Doy 23	Yeor 69	10:45 p.
					er Smith	DEATH	Estimoted _				-M.
PLACE IN BAL						3. DATE	NCED DEAD	Month	Doy	Yeor	Hour
ULL NAME OF OSPITAL OR INSTITUTION		SS OR LOCAT		TUTION	, GIVE STREET			Oct.		1969	10:45 p _{M.}
39 Pro	vident	Hospi	ta1			A. STATE Ma	ryland		B. COUNTY	11	602
. SEX	7. RACE		8. MARRI	ED 🔀 I	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?	
emale	Negro		WIDOW	ED 🗌	DIVORCED [Balt	0.			YES X	NO 🗌
DATE OF BIRTI		10. AGE (In	yeors	If Under	r 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER				
11-25		lost birthdon	y)	Months	Doys Hours Min.	8	29 N. Gi	1mor S	t.		
BIRTHPLACE (S	tote or foreign			2. CITI	ZEN OF	13. FATHER'	NAME				
Md.				TWH	AT COUNTRY?	Jame	s S. W	cheter	n		
	PATION (Give	kind of work	14B. KIND	OF BUS	SINESS OR INDUSTRY	15. MOTHER	S MAIDEN N	AME			
one during most of v	vorking life, eve	en if retired)	η	A		T	_				
6. WAS DECEAS	ED EVED IN I		TOWE)		social	18. INFORM		S		ADDRESS	
es, no or unknown					SECURITY NO.	_	200				
no				6	218146648		ne Ber	nert	2046	Benta]	PPROXIMATE INTERVAL
19.412	21				CAUSE OF DEA	TH					WEEN ONSET AND DEATH
DISEAS	E OR CONDI	TION DIREC	CTLY								
	LEADING TO	DEATH			(A)IMMEDIATE C	AUSE Hype	rtensive	e cardi	ovascul	ar dis	ease
(This does n	ot meon the , osthenio, etc.	mode of dy	ing, e.g., diseose.		DUE TO, OR	S A CONSEQ	JENCE OF:				
	nplication whic										
A1	NTECEDENT	CALISES			(2)						
DISEASES	OR CONDITIO	ONS, IF ANY	, GIVING		(B)	AS A CONSEC	UENCE OF:				
RISE TO THE	E ABOVE CAU	JSE (A) STAT	TING THE		- 12 × 1						
2	.0 001.0111	of their			(C)						
- OTHER SIGN	IIFICANT CON	II	ONITRIBUIT	INIC							
TO THE DE	ATH BUT NOT	RELATED TO	THE TERMI								
	CONDITION			COP W/L	HICH OPERATION W	S DEDECTE	FD			21 AUTO	OPSY? (Yes or No)
DI SON DATE OF	POPERATION	200. COI	ADIIIOI4	FOR WI	HICH OPERATION W	43 FERFORM	LD				YES
								• ## · P !::	-		
22A. EXTER	NAL CAUSE				CE OF INJURY (e.g., orm, foctory, street, offic				ore City, give	exoct locotion)	
UTING CA											
OF INJURY	(Month) (D	oy) (Yeor	Hour		INJURY OCCURRED		2F. HOW DID	INJURY OCC	CUR?		
(APPROX.)				m. WHI		WHILE ORK					
23.				_							
I cert	rify that I ha	etd on 1	nquiry L	ا ا	nspection Au	tapsy X	and that ar	this basis	, death in n	ny apinion	
resul	ted from: N	atural equ	ses XX	Acc	ident Suicio	le 🗌 Ho	micide 🗌	Undeterm	nined manne	r 🗆	
		/////	1	1	1		HIEF MEDICA	L EXAMINER			DATE GLONIED
ACTUAL		11110	tres	lok	les	ASS1	STANT MEDICA	L EXAMINER	xx		DATE SIGNED
SIGNAT	1/		Veu				CIATE MEDICA	LEXAMINER			
NAME (Tei	dore	Mih	alakis, M.D	A330	CIAIL MEDICA	- Enrammata		10/23/	69
24A. BURIAL CRE	MATION, 2	4B. DATE		24C.	NAME of CEMETERY	or CREMATO	RY 24	D. LOCATIO	N (City, to	own, or county	
REMOVAL (Spec	ify)	10 20	60	N	Cothons	7 Tome	etery	Bolt.	imore,	Md	
Burial		10-28			ew Cathera		UNERAL DIRE				
25A. DATE REC'D	BY HEALIH I	DEFI.	25B. N	AME O	F REGISTRAR						Stroot
007	FD & 919	989	المرابع	S. C.	See C. A.D.	Ke.	Lson F.	n. I	348 Va	Thoun	Street
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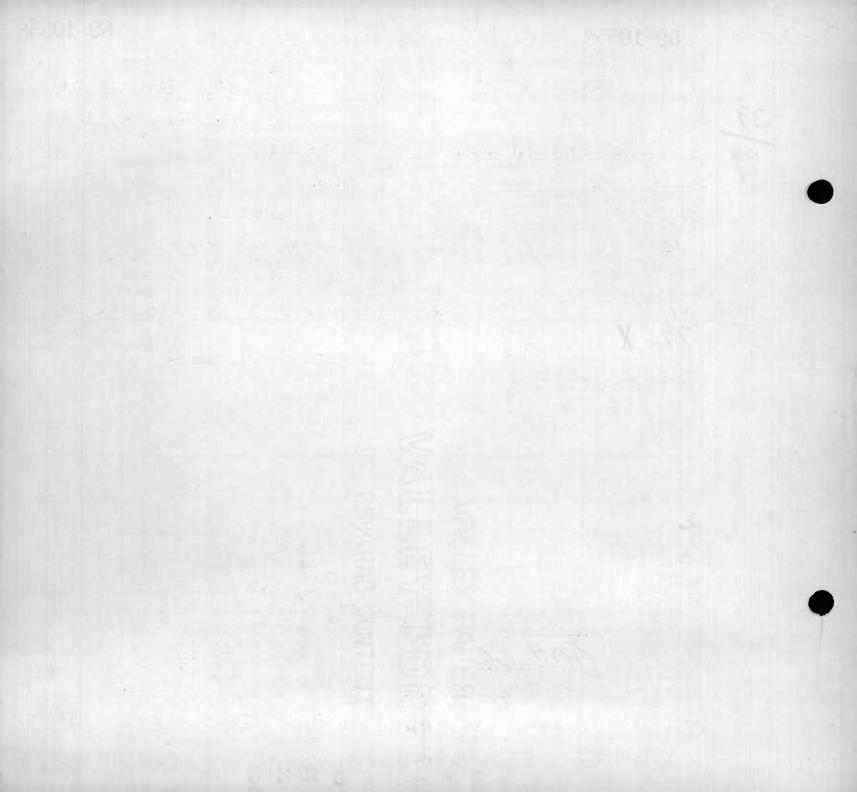


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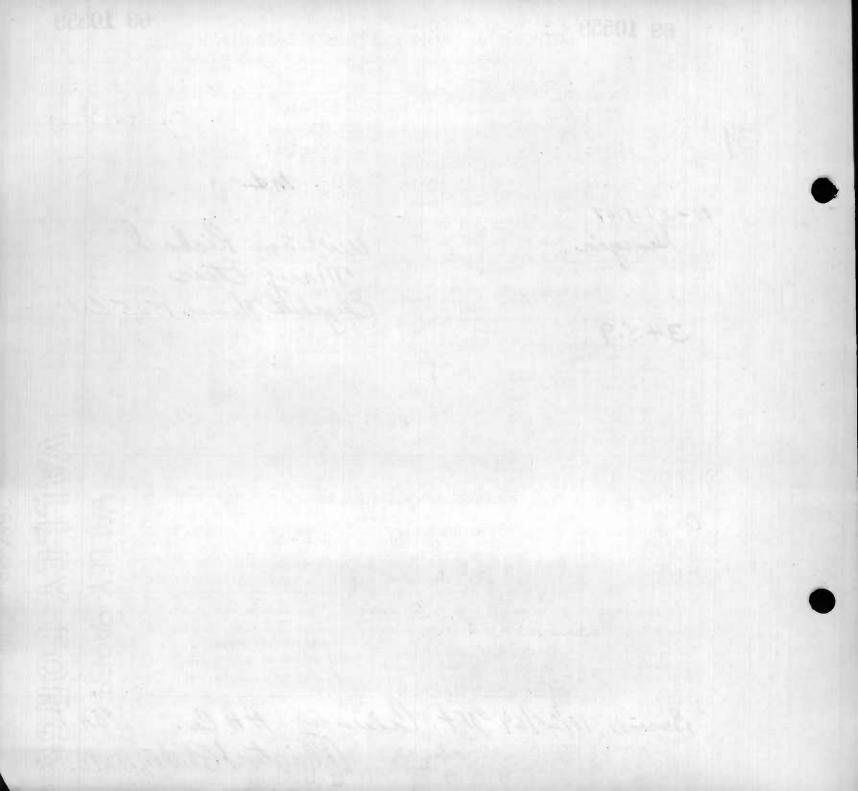
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BALTIMORE CITY HEALTH DEPARTMENT 558 MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO. 101-100 1. NAME OF DECEASED 2. DATE Known X Month Doy Year (Type or Print) OF ERNESTINE PAULING Estimated 10 25 69 1:40 pm DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE 13. Month Doy Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 25. 1969 Oct. 1:40 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY Provident Hospital D.O.A. Maryland 7. RACE 6. SEX C. CITY OR TOWN D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED Female Negro WIDOWED DIVORCED __ Balto. YES [NO 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER last birthdoy) Months | Days , Haurs | Min. 3 809 Whitelock St. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? ERNEST 11.5.A 14A USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of working life, even If retired) WALTERS ORGIANNA 16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na ar unknown)(If yes, give wor or dotes of service) 1B. INFORMANT **ADDRESS** SECURITY NO. NO WHITELUCK CONE MOTHER 19... CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Sudden death in infancy (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. It meons the disease, Injury ar complication which coused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). CATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Z 22A. 22B.PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If In Baltimare City, give exact location) hame, farm, factory, street, office bldg., etc.) INJURY OCCUR? **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) (Hour) OF INJURY WHILE AT NOT WHILE (APPROX.) m. WORK AT WORK 23. I certify that I held on Inquiry Inspection Autopsy XX and that on this bosis, deoth in my opinion resulted from: Natural causes XX Accident Suicide Homicide _ Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER XX SIGNATURE. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER 10/26/69 NAME (Type) Isidore Mihalakis, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (State) REMOVAL (Specify) -69 MY. AUBURN 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR



69 10559 ALEDICAL EVALABLEDIS CERTIFICAL

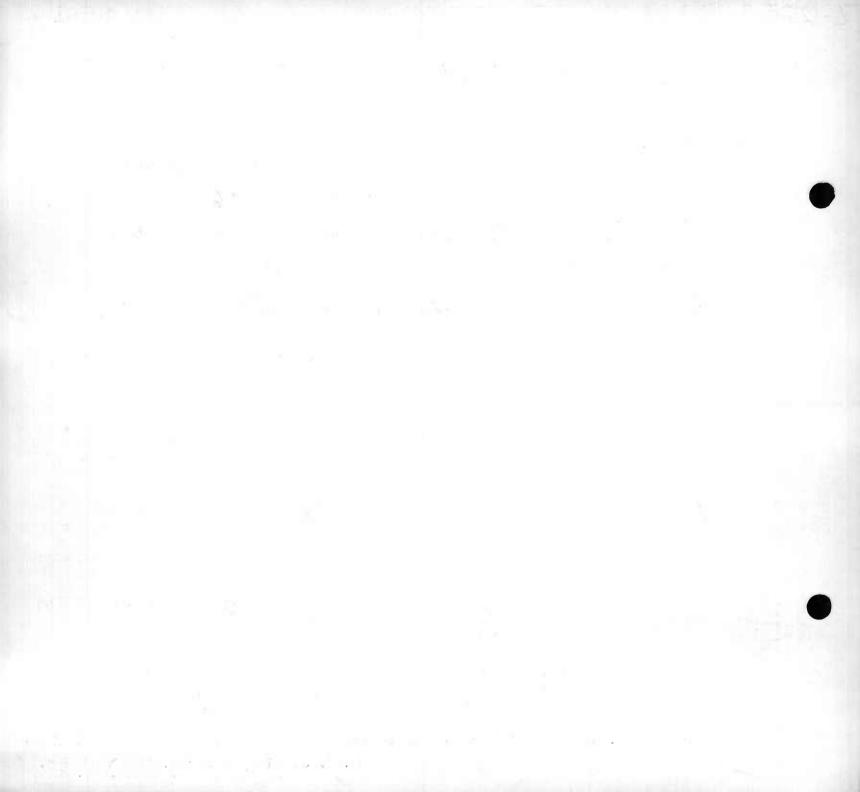
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							A. STATE				COUNTY		before odmission)
		ovident	: Hosp					Marylan	d				501
6.	SEX	7. RACE		8. MARRII	ED N	EVER MARRIED	C. CITY O	R TOWN	,	- [D. INSIDE	CITY LIMITS?	
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16	WAS DECEAS	ED EVER IN	U.S. ARMET	FORCES	2 117.	SOCIAL	18. INFOR	MANT /				ADDRESS	
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-	110					CALICE OF DE	ATIL	gener	- ya	m	N	700	PPROXIMATE INTERVAL
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4	22A. FXTER	NAL CAUSE	WAS	12	22B. PL A	CE OF INJURY(e.	in or obout	22C. WHERE D	ID (If in Bo	ltimore	City, give e		
EDIC	UNDERLYING	OR CON	TRIB-			m, foctory, street, of					,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MEC	UTING L CA			. ///) Tool III	NJURY OCCURRED		22F. HOW DID	INTERIOR A	OCCUI	22		
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	SIGNAT		11/1	mich	ala	his M	.D. ASS	SISTANT MEDIC	AL EXAMI	VER 2	K.K		
	EXAMIN		U.					OCIATE MEDIC	AL EXAMIN	VER [
	NAME (1			re Mi	hala	kis, M.D.						Oct. 2	
	A. BURIAL CREAMOVATO (Speci		48. DATE	1	24C. N	AME of CEMETER	Y or CREMAT	ORY 2	24D. LOCA	TION	(City, to	wn, or county	(State)
1	Busi	10,	10/2	5/69	11	17. 14	lua	res	HH	1	e.	0	MA-
25	A. DATE REC'D	BY HEALTH		25B. NA	AME OF	REGISTRAR	25C	FWINERAL DIR	ECTOR	,	0	ADDRESS	
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5th	(-124	BALTIMORE CITY HEALTH DEPARTMENT
er er	and sed the	BIRTH NO. 69 10560 CERTIFICATE OF DEATH REG. NO. 69 10560
1:	- e e e c	1. NAME OF DECEASED (Type of Print) CHIPCHASE , FANNIE . 2. DATE AND HOUR OF DEATH OAT 27.1919 1. O. D.
X	the of the	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE I Where deceased lived, If institution; residence before admissional deceased lived, If it is a part of the decease
17	a hospi ause o e; (5) D ndance	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION A. STATE B. COUNTY A. STATE C. CITY OR TOWN D. INSIDE CITY LIMITS?
5+0	d caus	TUNION MEMORIAL HOSPITAL BALTIMORE YES NO E. STREET AND NUMBER GUILFORD AND PRESTON
	ad a d	S SEX 6. PACE 17
	occu ortri ormi regu regu is m	WILLIAM WILLIAM DIVORCED 12-10-188 I loss birthday Months Doys Hours Min.
3	or con control or cont	10A. USUAL O CCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) NONE NONE NONE NONE 12. CITIZEN OF WHAT COUNTRY MARYLAND 12. CITIZEN OF WHAT COUNTRY
7	if d dect (4) u wa the spos	13. FATHER'S NAME
3 5	7 25 3.4 6 5	W. Edwin Chipchase Fannie Brown
2 2	al o	15. Wos Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
B	find A Find	No 220-44-90/ Mrs. F. Symington 103 Overhill Rd.
7 0	fan, fan, nced	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3 3	Als	DILL MONIADY THEOLICM AND DA
7 à	ner. sctu pro lar	(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease, injury or complication which caused death.)
3	ami mir fro ho ho egu	ANTECEDENT CAUSES (B) FRACTURE OF HIP
PEC 2	lex exa (3) A in r	dise to the obove couse (A) stating the course the course of the obove couse (A) stating the course of the course
100	in S ci s' s' al ci s	CC)
ZA	med nedic burr burr bhysi	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL POST OPERATION OF JEWETT NAILING. RIGHT HIP
Ш	ief dy ody icici	U 19A DATE OF OPERATION 198 CONTITION FOR INVINCE
7 5	th the second	WAS PERFORMED TAIR. 10 - 22 - 1969 WAS PERFORMED TAIR. 10 - 22 - 1969 10 - 21A ACCIDENT WAS UNDERLYING TO 121B PLACE OF INJURY (a. in a separation of the control of th
3 11	the all here of persons	CONCENTRATE TO A CONTRACT OF THE CONTRACT OF T
3	d by spit ture ture (6) N	Q 21D-YIME (Month) (Doy) (Year) (How) 21E INJURY OCCURRED 21E HOW DIT WILLIAM OCCURRED
3	ho ho nat	OF INJURY (APPROX.) 3 43 While At Work Not While Subject feel to the Place
	the any	22. I certify that (1) (this hospital) attended the deceased from 10-2/ 19/69 to 10-2/7 19/69
Y	to to to de	that (9) (we) last saw the deceased olive an 10-27 19-69 and that in (pty) (aur) apinion death occurred on the date
and	ust be a dent of ospital death) must be	ond hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
9	ust be based dent cospit deat must	23A, SIGNATURE
_	E = 0 = 5 =	Kasuke Payimoto, M. D. DEGREE Phys. Director Phys. 10-27-69
3	at and ior	NAME (Type) 23D. ADDRESS
E	Pp A	Kasuke Tsiyimoto Union Memorial Hospital
powered	t y O o o	REMOVAL (Specify) 246. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
4	book book book book book book book book	Burial 10-29-69 Green Mount Cemetery Baltimore Md.
9	This certificate the body was r shows: (1) An a was D.O.A. at deceased prior written approv	nrt 28 1969 P. & E. Jala An H.W. Jenkins Sons Co. 4905 York Rd.
		14905 York Rd. Balto. Md. 21212

address is 218 & Preston st. X AND THE GILLECKE AND PRESTON 12 12 1-51 X 3V V 220-44-791 PULLIVARY EMBOLISM MOUNTAIN HIS THE PERSON OF THE PROPERTY OF THE PARTY OF Kamere Jugaristo, m. T.

-250	1	BALTIMORE CITY HEALTH DEPARTMENT 69 10561 CERTIFICATE OF DEATH REG. NO. 69 10561	
pital and of death Deceased	on the	PE OF PRINTINGS. TERESA TALBOT LOGAN 2. DATE AND HOUR OF DEATH DETOLOGY 20 1969 1120/ A	м.
a hospit cause of se; (5) De	ndanc to dec	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A USUAL RESIDENCE (Where deceased lived, II institution; residence before admit to the county of the co	ssion)
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ant if directed; (4)	on the	Many Hickey	
Sist the the kir	dec ince final	no or unknown) (If yes, give wor or doles of service) SECURITY NO. 380-22-0538 Pt. 10 chars Miss alice C. Logan	20
IMPOI or his as Also, if	attenda med or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE PRICE My and in Juntary (A) IMMEDIATE CAUSE PRICE My and in Juntary 24 hrs.	/AL DEATH
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(3) (5)	in re	DISEASES OR CONDITIONS, if any, giving ise to the obave cause (A) stating the UNDERLYING CONDITION last. (C) Bytherosclerofic and was caused by a consequence of the condition	Q
RAL DI medical medical	physicia ian was e remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).)
FUNER e chief r by a m 2) Body [sic th	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
4 th	where to No phy before	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, lactory, street office bldg., INJURY OCCUR? DEATH (notify medical examined) 11 12 13 14 15 15 15 15 15 15 15	
ved b hosp	d (6) ained	21D.TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work At Work	_
appro to the	l (ex); an	22. I certify that (I) (this haspital) attended the deceased fram Dolove II 19 51 to October 27 19 6 that (I) (we) last sow the deceased clive on October 27 19 59 and that In(my) (our) apinian death accurred an the	
st be ased t	hospital o death) I must be	ond hour ond from the couses stoted above. (1) (We) (dld) (dld nat) view the body after death. 23A. SIGNATURE 23B. DATÉ SIGNED	
ate must as releas n accide	n + 0	Altending Med. Staff Docober 20,191	7
certificat sody was /s: (1) An	200	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24B. LOCATION (City, town, or county) (Sto	
This cer the bod shows:	was D.C decease written	Burial, Rem. 10-29-69 Michigan Mem. Park Dearborn Mem. Park Dearborn Michigan Mem. Park Dearborn Mem. Park Dearborn Michigan Mem. Park Dearborn Mem. Park Dearb	
F = 0	505	007 28 1909 160225 4905 York Rd. Balto.Md.212	12



4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 12, CITIZEN OF WHAT COUNTRY? USA ADDRESS Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact location) ond that in (m) (our) opinion death occurred on the date 238, DATE SIGNED (State) (City, town, or county) eceased shows: Md. SD ADDRESS 258. NAME OF REGISTRAP W Jenkins &Sons VS 150-REV, 1/1/6B

and man still a sentistic and GVORIN 10.27.67

and

hospital

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2

occurred

death

IMPORTANT

FUNERAL DIRECTOR:

examiner

chief medical

by

approved

VS 150-REV, 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

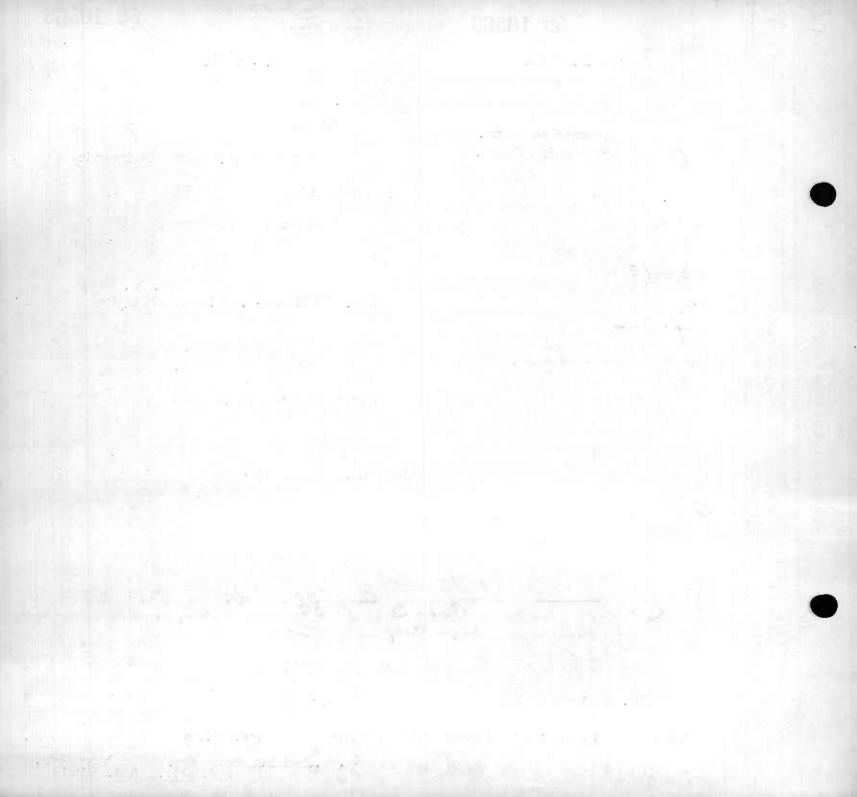
ADDRESS Plaza

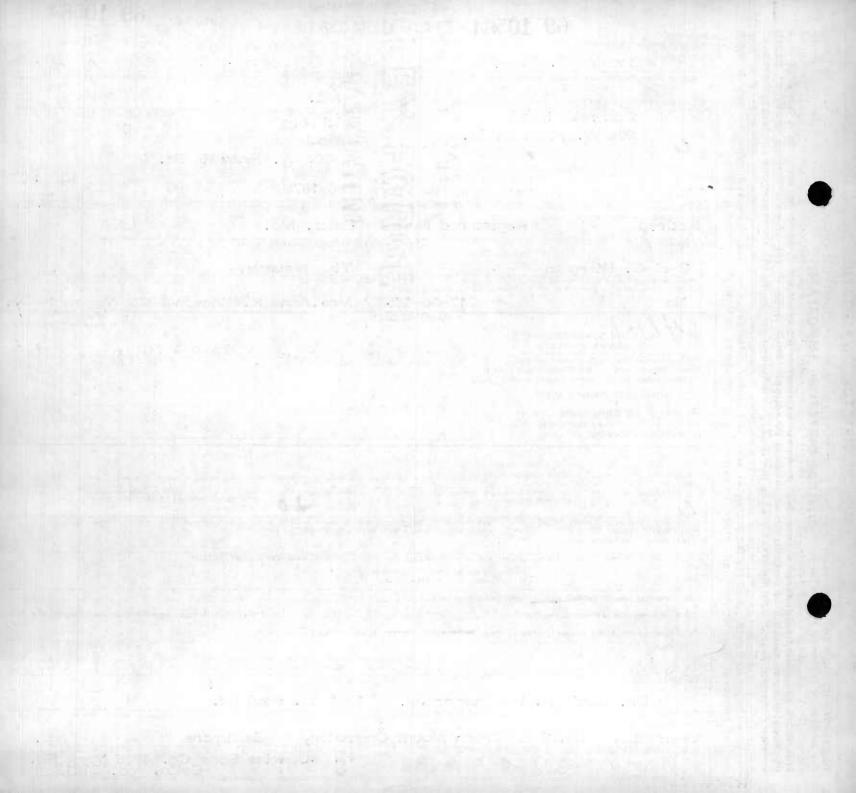
BETWEEN ONSET AND DEATH

Md.

York R 21212

If Under 24 Hrs.





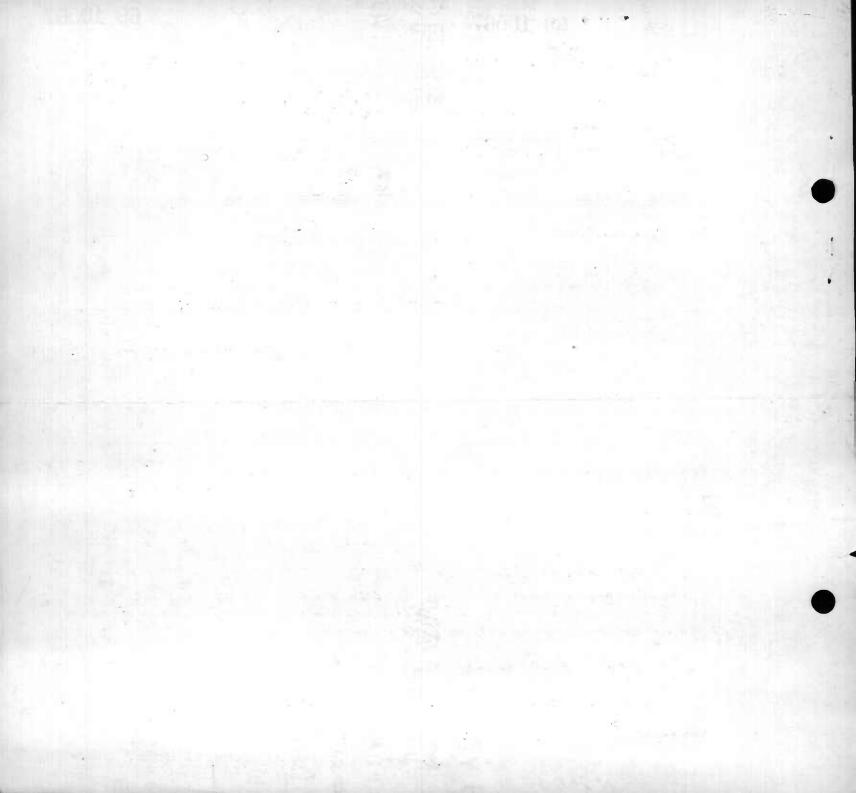
BIRTH		L0565 MED	ICAL	EXAMINER'S	CERTIF	CATE	OF DEAT	H REG. NO	69	10565
I. NAM	ME OF DEC	EASED			2. DATE	Known [Month	Doy	Yeor	Hour
(Type or	r Print)	James Tr	ianta	S	DEATH	Estimoted				M.
4. PLA	CE IN BALT	TIMORE, MARYLAND, V	VHERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HOSPITA OR INST		(IF NOT IN HOSPITA		TUTION, GIVE STREET		RESIDENCE (V	10 Where deceased li	26 ived. If institution:	69	4:50 P.M.
-		Ch Assoc II		1 (2001)	A. STATE	Μ _		B. COUNTY	(204
6. SEX		St. Agnes Ho		DOA) NEVER MARRIED	C. CITY O	aryla	na	D. INSIDE CIT	Y LIMITS?	70/
Mal	E OF BIRTH	White	WIDOW	DIVORCED L If Under 1 Yr. If Under 24 Hrs.	E STREET	Baltim AND NUMBE		YE	s xx s	ио Ц
914		,1915 10st birthdo	y) /	Aonths Doys Hours Min.			mount Av	enue		
	Ponti	ac, Mich.		2. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER	_	-1- M-	of a meta a		
14A.USL	UAL OCCUI	PATION (Give kind of work	14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTH	R'S MAIDEN	NAME	iantas		
done dur	ring most of w	orking life, even if refired)	-	staurant			Ralos			
16. WA	S DECEASE	D EVER IN U.S. ARMEI	FORCES?	17. SOCIAL	18. INFOR		Maros	AD	DRESS	07.07.0
	orunknown) es	(If yes, give wor or dotes WWII	of service)	257-11-093	Mma	Tada	Di alema	820	A	21218
19.	1/1	WWII		CAUSE OF DEA		LOIS	Rickme	m, 030	API	ne Drive PROXIMATE INTERVAL EEN ONSET AND DEATH
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1 1	neort loilure,	of meon the mode of dy	diseose,	(A)IMMEDIATE DUE TO, OR	AS A CONSE	QUENCE OF:				
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<u> </u>	TO THE DEA	IFICANT CONDITIONS C ITH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERMIT	NG NAL		*****				
20 A				OR WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes or No)
5 -										
₹ 22A	EXTER	NAL CAUSE WAS	2	2B. PLACE OF INJURY (e.g.	, in or obout	22C. WHERE I	DID (If in Boltimo	ore City, give exo		es
	ING CA	GOR CONTRIB- USE OF DEATH.		ome, form, foctory, street, offi	ce bldg., etc.)	INJURY OCCI	JR?			
OF	D. TIME (INJURY PPROX.)	Month) (Doy) (Yeo		WHILE AT NO	T WHILE	22F. HOW DII	D INJURY OCC	UR?		
23.										
	l certi	ify that I held an I	nquiry [Inspection A	utopsy X	and that	on this basis,	death in my	apinian	
	result	ed fram: Natural car	ses X	Accident Suici	de 🗌 🕒	omicide	Undeterm	ined mannar		
			/	.7		CHIEF MEDIC	CAL EXAMINER	EX		
	ACTUAL	(()	11-1	dien me	2 ASS	ISTANT MEDI	CAL EXAMINER			DATE SIGNED
	SIGNATU		0	V C V V V V V V V V V V V V V V V V V V	Δςς	OCIATE MEDIC	CAL EXAMINER			
	NAME (T		1 S. 1	Fisher, M.D.	733	OCIAIL MEDI	CAL EXAMINATION			10-27-69
	URIAL CREA	MATION, 24B. DATE		24C. NAME of CEMETERY	ar CREMAT	ORY	24D. LOCATION	(City, town	, or county)	
Bu	urial	10/29	169	Baltimore	Vation	al	Balti	more		Md.
	ATE RECID		23B. NA	ME OF REDISTRAP D.	25C.	Jenk:	ins & S	Al		5 York Rd
VS 151-	REV. 1/1/68		1 0	6900	0 0	5 5	()	State U. Change	ritt.	

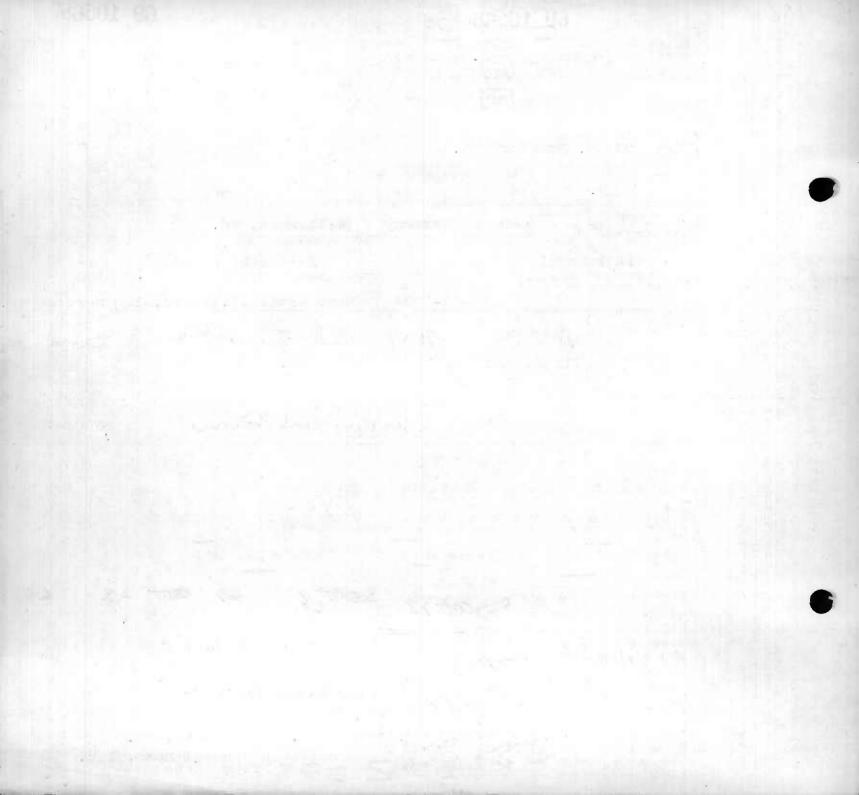
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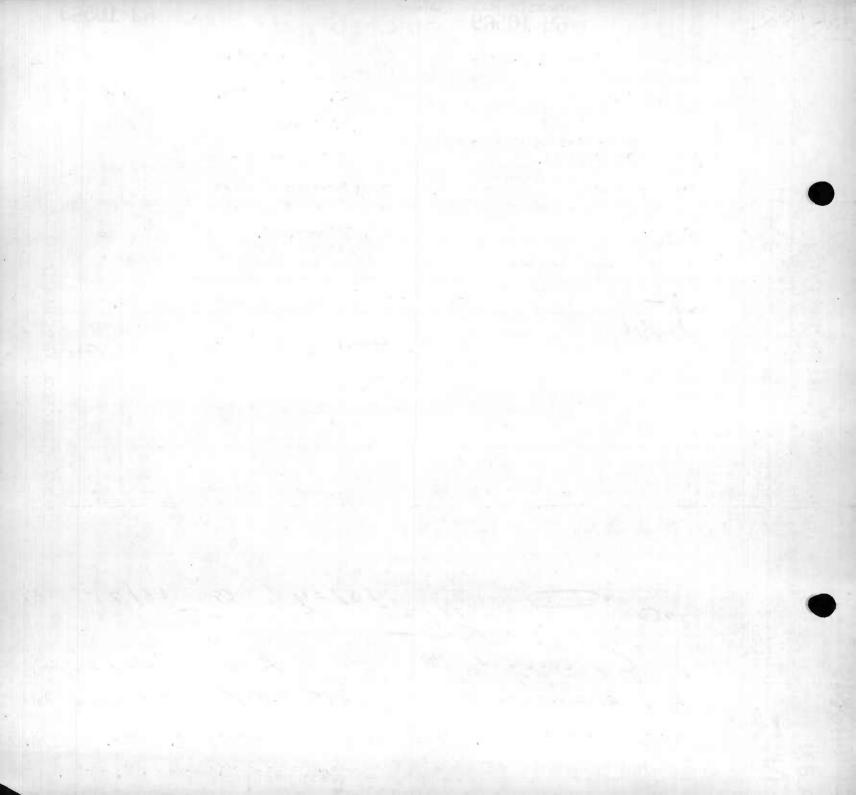
a Banis I was in the Captany Conservy more forwald Conserve State Control of the Control of the

5-64-94 db	BALTIMORE CITY HEALTH DEPARTMENT * CO 10567 CERTIFICATE OF DEATH X REG. NO. 69 10567
the ed	BIRTH NO. CERTIFICATE OF DEATH
Schaas	I, NAME OF DECEASED Anna (Type or Print) Marquerite A. Stenger 2. DATE AND HOUR OF DEATH 10/23/49 PM.
ج و د	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where dedoced lived. If institution: residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR HOS
	4940 Eastern Avenue E. STREET AND NUMBER
	Baltimore, Maryland 21224 7014 Germanhill Road 21222 005
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 11. Under 1 Yr. Hours Min. 12. Months Doys Hours Min. 13. Months Doys Hours Min. 14. Months Doys Hours Min. 15. Months Doys
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Baltimore
	Ass't Mgr. Un. Trust Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Joseph A. Schaub Anna Busch
	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS
	210 Al CEOF DOWN THE AVEING
	18. CAUSE OF DEATH 18. CAUSE OF DEATH APPROXIMATE INTERVAL
	DISEASES OR CONDITIONS, if ony, giving the property of the obove couse (A) stating the UNDERLYING CONDITION last. (B) Servative Certain Certa
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELAT
,	WASPERFORMED Leventerna Yes IN CERTIFYING CAUSES OF DEATH?
	U 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? of place of englishment of the certain foctory.
	21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exoct lacotion) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? of flee of engineers etc.) DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exoct lacotion) home, form, foctory, street, office bldg., INJURY OCCUR? of flee of engineers than the flee of the control of the co
	22. I certify that (1)(this haspital) attended the deceased fram 22 5 cf 1967,
	that (P(we) last saw the deceased alive an 220 of 19 69 and that in (my) (aur) apinian death accurred an the date
	and havr and fram the causes stated abave. (V (We) (Ad) (did nat) view the bady after death.
	23A. SIGNATURE
	Tairere & Jelone Attending Med. Stoff 1 23 oct 69
	DEGREE 1755. DEGREE 1755. DEGREE 23D. ADDRESS 4940 Eastern Avenue
	II 1 Stronge Tolome MD DCII Dellaimone Manual and 01004
	Lawrence J. Jelsma MD. DEGREE BCH Baltimore, Maryland 21224 24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Entombment 10/27/69 Lorraine Park Mausoleum Baltimore, Md.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Schimunek Buneral Home, Inc. 3331 Brehms Lane
	TOTAL DISTRIBUTION DATE

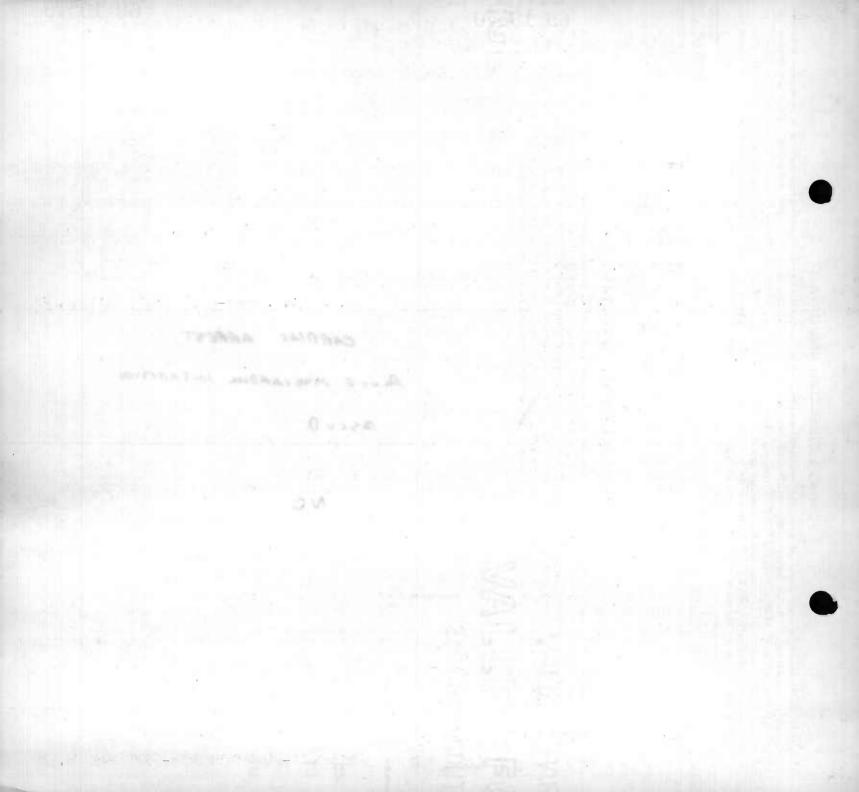




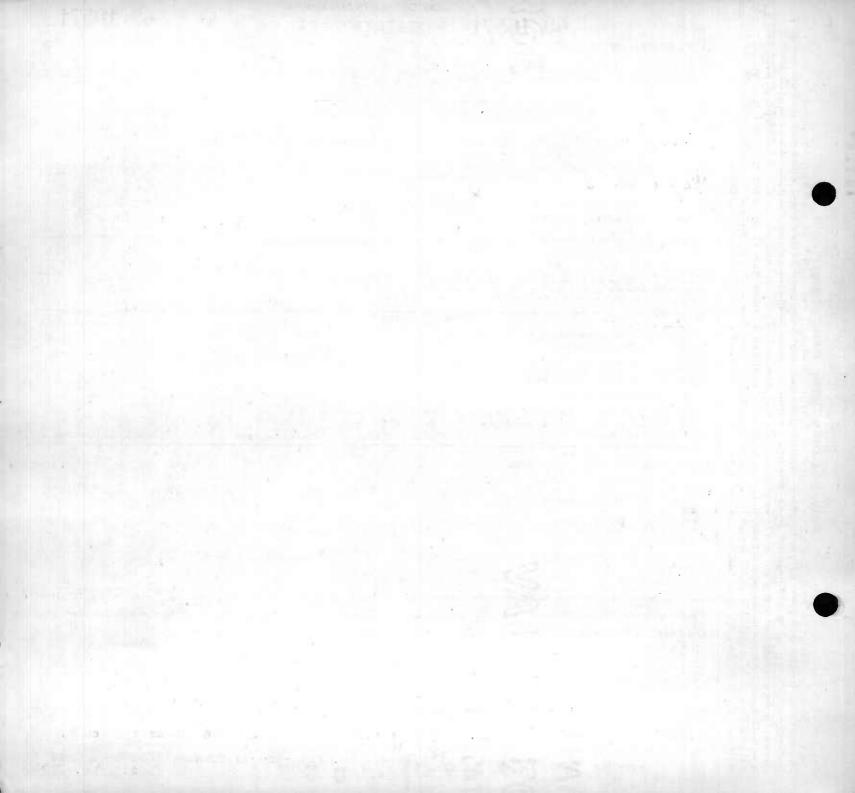
			BALTIMORE CITY	HEALTH DEPARTMENT		69 10569
	69	1056	9 CERTIFICA	TE OF DEATH	REG. NO	69 10569
I NAME OF			CERTITION		ID HOUR OF DEAT	
(Type or Print)		. Robbin	s	10/25	5/1969	950 AM
	BALTIMORE, MARYLAND,			4. USUAL RESIDENCE (When A. STATE B. COUN Ba	re deceosed lived. If ITY	institution: residence before admission
HOSPITAL OF	ADDRESS OR LOC	CATION)	UTION, GIVE STREET	c. CITY OR TOWN Baltimore	D. IN	VEST NO
90	Harbor View No. 1213 Light St		lome	E. STREET AND NUMBER 3722 Tudor Ar	ama Azro	tes- NO
S. SEX	6. RACE				9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Male	White	7. MARRIED WIDOWED		11/29/1915	lost birthdoy	Months Doys Hours Min.
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
Salesm				BAltimore, Md.		USA
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	
	Harre Rob	bins		Le Page Houg	gh	
5. Wos Dece	osed Ever in U. S. Armed Fo	orces? tes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NE			212 09 1011	JANE ROBBINS	6427 Blenh	neim Rd.
18.	2/1		CAUSE OF DEAT			APPROXIMATE INTERVAL
UNDERL	ANTECEDENT CAUSE S OR CONDITIONS, if the obove couse (A) YING CONDITION lost. II GNIFICANT CONDITIONS CO SEATH BUT NOT RELATED TO	any, giving staling the		A CONSEQUENCE OF:		
	OF OPERATION 198. CO		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF offy medical examiner	21B hom etc.	ne, form, foctory, street, o	n or obout 21 C. WHERE DID	(If in Boltim	nore City, give exoct locollon)
21D. TIME OF INJUR (APPROX.)	Y		ile At Not While	21F. HOW DID INJ	URY OCCUR?	
745	tify that (#) this haspite		1 1	10/24	19 68 to	pinion death occurred on the date
					(GOL) 0	printed death accurred on the dat
23A. SIGN		area abave. Q	Macrealan (and not)	iew the body after death.		23 B. DATE SIGNED
	2/ ///	1111	Alle Alle	nding Med.	Staff Phys.	12/2-1
23C. PHYS	ICIANES	Jean		S. Director	Phys.	10/23/09
NAM	IE (Type)	0		12 OC CA	0 1	-1 pa, 40
24A. BURIAL	C. ALEVIZ	4705	DEGREE AME of CEMETERY OF CRI	1209 > F	OCATION	(City, town, or county) (Stote)
REMOV	AL (Specify)	,		The second secon		
Buria	, , ,		. Olivet Ceme		derick Rd.	Balto, Md.
ZaA. UAIL RE	C'D BY HEALTH DEPT.	and the	OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
	MC1 % 8 1303	3 00	Farber M.D.	Mitchell Wied	efeld Home	6500 York Rd.
VS 150-REV. 1	/1/68	1	13 7 3	11 (1) (1)	l .	



0.4	BALTIMORE C	ITY HEALTH DEPARTMENT	69 10570
66	3 10570 CERTIFIC	ATE OF DEATH REG. NO.	00 10010
BIRTH NO. I NAME OF DECEASED GRAFTO	N LEE BROWN.	2. DATE AND HOUR OF DEATH	
Type or Print) GRATON	L RROWN	Oct. 21,196°	y a P
3. PLACE IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Where deceosed lived. If in	stitution; residence before admiss
FULL NAME OF (IF NOT IN HO HOSPITAL OR ADDRESS OR L	SPITAL OR INSTITUTION, GIVE STREET	MD	2759
NSTITUTION	uno o reph	BAKTIOTERE OLD	VES NO
UNION MEMORAL BHAIRORE	OLD	E. STREET AND NUMBER	
16/6		MY16 OYARBLE MAC	LRD
SEX 6. RACE	7. MARRIED HEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours Mir
MALE CHICASAN	WID OWED DIVORCED	1 7/1/96 70	
OA, USUAL OCCUPATION (Give kind of one during most of working life, even if retir		RY 11. BIRTH/LACE/(Stote or foreign country)	12. CITIZEN OF WHAT COUN
Labor Dept.	Veterans Employm	ent Baltimore. Md.	6,54
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Geo. Alexand	der Brown	(1) Freex Hele	n Smith
S. Was Deceased Ever in U. S. Armed Yes, no or unknown) (If yes, give war or	Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
ves W.W. I	doles of service) SECURITY NO.	Mr. Jay P.W. Brown-4416 Mar	יה גם דרש פולי
118.	CAUSE OF DE		APPROXIMATE INTERV
Tour Per 'and company	DIDECT! "		BETWEEN ONSET AND D
DISEASE OR CONDITION		CARDIAC ARREST	
	(A) IMMEDIATE C	AUSE	
(This does not meon the mode heart failure, asthenia, etc. II me	U. J. DOE TO, OK	AS A CONSEQUENCE OF:	
injury or complication which cou	sed deoth.)	EUT E MNO CARDUR IN FAR	CTION
ANTECEDENT CAU	IT AC	LUTE MINO CARDIAL	
ANTECEDENT CAU	(B)		
DISEASES OR CONDITIONS,	if ony, giving DUE TO, OR	AS A CONSEQUENCE OF:	
rise to the obove couse (ASCVD	
	(c)		
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		P 10000
TO THE DEATH BUT NOT RELATED T	O THE TERMINAL		
DISEASE OR CONDITION GIVEN IN	PART 1 (A).	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES. WERE F	INDINGS CONSIDERED
	PERFORMED	NO IN CERTIFYING CAL	JSES OF DEATH?
21A, ACCIDENT WAS UNDERLYIN	G 218, PLACE OF INJURY (e.	g., in or obout 21 C. WHERE DID (If In Boltimore	City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?	to an expense manual (a)
21 D. TIME (Month) (Doy) (Ye		21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not W		
(A PPROX.)	Work At We	ork L	
22. I certify that (1) (this hosp	ital) attended the deceased fram	10/21 1969 to	10/21 1967
that (1) Owe) last saw the dece	10/3	. ' (()	lan death accurred an the
	2	und that (n(my) (dot) apri	nun death accurred an the
	stated above. (1) (We) (did) (did nat) view the bady after death.	
23A. SIGNATURE	0 1. 1		23B, DATE SIGNED
Karole M. d		Attending Med. Staff Phys.	10/21/69
23C. PHYSICIAN'S NAME (Type)	OF GREE	23D. ADDRESS	0.0
POAMA AA	Land wo	Muses Mountin Sthorts	a las
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION Cit	v town or countyl . (State
REMOVAL (Specify)	240. ITAINE OF CEMETERY OF	ZAD. LOCATION ACT	y, town, or county) (Stot
Burial 10/24	1/69 Druid Ridge	Com Delteroil	ord.
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
ACT 28 1969	Bert E. Jaben Mills	Mitchall-Wiedefeld Home-6	500 York Rd. 12



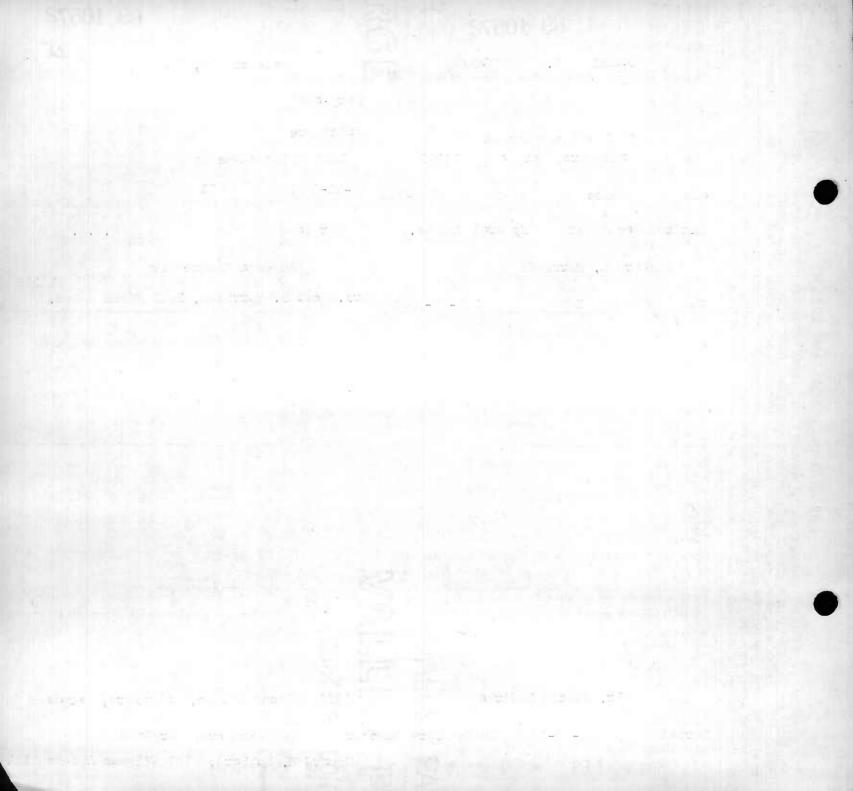
3-655	200						HEALTH DEPARTMENT		69_10571
1010	A	DID		69	10571	CERTIFICA	TE OF DEATH	REG. NO	09 100/1
	at h th		H NO.					ND HOUR OF DEATH	***
	S	(Тур	e ar Print)	MARY LY	IDIA B	ARNES	101:	24/69	1 730 PM.
	Dec Dec	3. 1	LACE IN BALT	TIMORE, MARTLAND, W	VHERE PRONOU		4. USUAL RESIDENCE (Wh	ere deceased lived. If i	nstitution: residence before admission)
	SSP (S) (S)	Ent	I NAME OF	UE NOT IN HOSPIT	LITITOLIA DO LAS	TION CIVE STREET		Baltinore	2152.
	da S	HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	ATION)	HON, GIVE SIKEEL	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	d ca	12		. 1			BALTIMOT	2 F	YES NO
	i pot to	0	JOHNS	HOPKIUS He	DSPITAL		E. STREET AND NUMBER		D
il d	e dire						5625 F	RANKFOR	
	rribu nine gula ed mad	5. S	female	6. RACE caucasian	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Hours Min.
- 0	ontri ontri ermi regu		Lemare	Caucastan	WIDOWED	DIVORCED [10 23 80	80	
	cor cor eter n re			JPATION (Give kind af war warking life, even if retired)	k 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	or condet	done	House				# Work it	Penna.	0.5.
	rect or c (4) Undet was in the dec	13.	ATHER'S NAM				14. MOTHER'S MAIDEN NA	AME	
	÷ 2€ 3 + 5 d s		Wil	lliam Hill	P		Ellen Ha	andra ham	
Z	4465	15.	Was Deceased	Ever in U. S. Armed Fo.	rces?	1 6. SOCIAL	17. INFORMANT	maranama	ADDRESS
4	the think hind dea	(Yes	,no or unknown)	(If yes, give wor or dote	es of service)	180-09-8113	Wale > P	ndraham irmes (deu	44.
IMPORTAN		_	10 /			CAUSE OF DEAT	Heren ix	irmes con	APPROXIMATE INTERVAL
0	0.000		18.410), 9		CAUSE OF DEAT			BETWEEN ONSET AND DEATH
Ž	his so, of a unc ten			SE OF CONDITION DI LEADING TO DEATH			Duly Star	a. baline	nousides
=	er. Also cture of pronoun ar afte balmed		(This does n	at mean the made at	f dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	emoonus.	minudia
ä	ctu oro ar			asthenia, etc. It means uplication which coused					
0	fra o point			ANTECEDENT CAUSES	S	Dudo	hunganal aire	i I magnoto	on Iday.
2	A fr who reg		DISEASES C	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	gsa just	
DIRECTOR	ex (3) in s a			obove couse (A) CONDITION last,	sloling The	(a) Dis	suse arterios	clerosis	Years
=			ONDERLING			(C)		100000000000000000000000000000000000000	
	dical lical rrns; sicia was	Z	OTHER SIGNIE	ICANT CONDITIONS CO	ONTRIBUTING			His.	
Z Z	med bu phy an	ATION	TO THE DEAT	H BUT NOT RELATED TO TO ONDITION GIVEN IN PA	THE TERMINAL		,,		
FUNER	dy dy	5	19A. DATE OF	OPERATION 198, CON	NDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or I	a) 20B, IF YES, WERE	FINDINGS CONSIDERED
Z	ch Bo Bo th th	CERTIFIC	0				No		
F	the all by (2) ere o ph		OR CONTRIBU	NT WAS UNDERLYING [21 B, home	PLACE OF INJURY (e.g., i e, farm, factory, street, o	n or about 21C. WHERE DID	(If in Boltima	re City, give exoct location)
	2 2 2 2 0	CAL	DEATH (notify	medical examiner)	etc.)				
	9 6 5 5 0	MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	e hosp natu cept nd (6)	8	(APPROX.)		Whill	e At Not Whil	e 🔲		
	y xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		22. I certify	that (1) (this hospita	all attended th		ctober 24	19 69 to OCA	Joen 24 1969.
	0 - 5 0			ast saw the deceas		October 2		7	inian deoth occurred on the dote
	of of to						view the body ofter deoth		
	assed to dent of ospital death) must be		23A. SIGNATU		offed obove. (1)	(me) karay (ara nor) v	new the body offer deom	•	23B, DATE SIGNED
			Pa	10 m	1. 1	Atte	ending Med.	Staff	10/10/4/10
	a h		23C. PHYSICIA	voy m	Julie	DEGREE Phy	s. Director L	Phys. \square	10/2/04
	was re An ac L. at a prior		NAME (T	ype)) 1	Zana Barrier		D. I	
				eroy M. F	ARKER	DEGREE	609 North	n stoadw	City, lown, or county) (State)
	T# 000			MATION, 24B. DATE Specify)		ME of CEMETERY OF CR		LOCATION (C	7, 1
	Ce VS: VS:		Burial	10-28-		. Mary's Ceme			sship, Penna.
	This certif the body shows: (1) was D.O./ deceased	25A	. DATE REC'D	BY HEALTH DEPT.	25B. NAME O		Wm. Cook-Bro	oks Towson,	1050 York Road
	* 4 × 4 × 4 ×			CT 28 1969	D. C. E.	James M. M.	0055	5	Towson, Md. 21204
		VS	150-REV. 1/176	68				-	



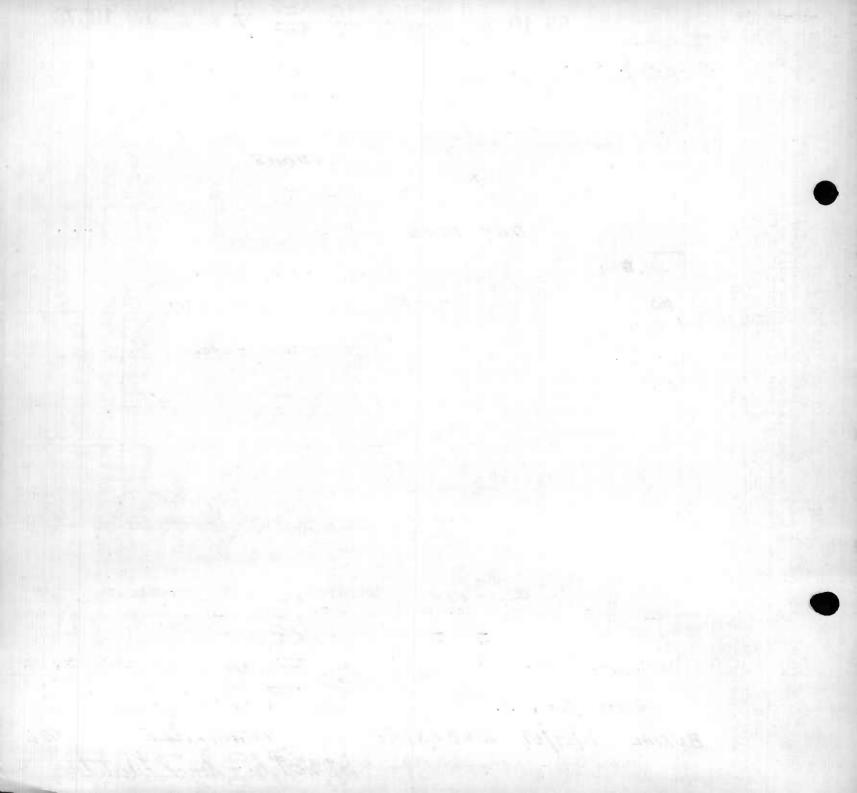
BALTIMORE	CITY	HEALTH	DEPARTMENT

40579 CO

69 10	572 CERTIFICA		REG. NO	03 T03/5
	ORRISON	Octobe		
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	A. STATE B. COUNT		stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland		2005
NSTITUTION ADDRESS OF LOCATION		C. CITY OR TOWN	D. INSI	IDE CTY LIMITS?
2617 Wilkens Ave	nue	Baltimore E. STREET AND NUMBER		YES NO NO
Baltimore, Maryl	and 21223	2617 Wilkens	Avenue	
	RRIED NEVER MARRIED	DATE OF BIRTH	AGE (In years	il Under 1 Yr. , 11 Under 24 Hrs. Months: Doys Hours Min.
	WED DIVORCED	8-11-1897	st birthday	Months: Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIR	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if refired) Retired Machinist Fed	leral Tin Co.	Maryland		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	0,0,
Dichard T Marriagn		Accounted	Tichtonho	
Richard L. Morrison 5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	Lichtenbe	ADDRESS 21223
es,no or unknown) (If yes, give wor or dates of ser	vice) SECURITY NO.	Mrs. Rose P. Mon	crison 261	
Yes WWI	212-07-5361 CAUSE OF DEA			APPROXIMATE INTERVAL
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, is a line abave cause (A) stating UNDERLYING CONDITION last.	(c)	S A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING DO CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)	218. PLACE OF INJURY (e.g., hame, lorm, foctory, street, etc.)	in of obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	re City, give exoct location)
21D.TIME (Month) (Doy) (Year) (Hourt	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Not Wh		5.4	1 -
22. I certify that (I) (this hospital) atten	1		57.0	1069
that (I) (we) last saw the deceased alive	1. 7 9	61.09	/	inion death accurred an the da
			(, (doi, dpi	death decoiled all file da
ond hour and fram the couses stoted abo	(I) (Je) (did) (214 not)	view the body differ deoth.		23B, DATE SIGNED
Ruduh	MN DEGREE PH		hys.	10/27.69
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Dr. Justin Kud:	irka DEGREI	2151 Wilkens	Avenue, Bal	ltimore, Maryland
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF CI			ity, town, or county) (State)
Buria1 10-30-1969	Loudon Park Cem	etery Balt	imore, Mar	yland
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
OCT 28 1969 7.4.8	3. Jaben M.D.	Howard He, Hubb	pard, 4107	Wilkens Avenue 21
S 150-REV. 1/1/68		0 0 0		



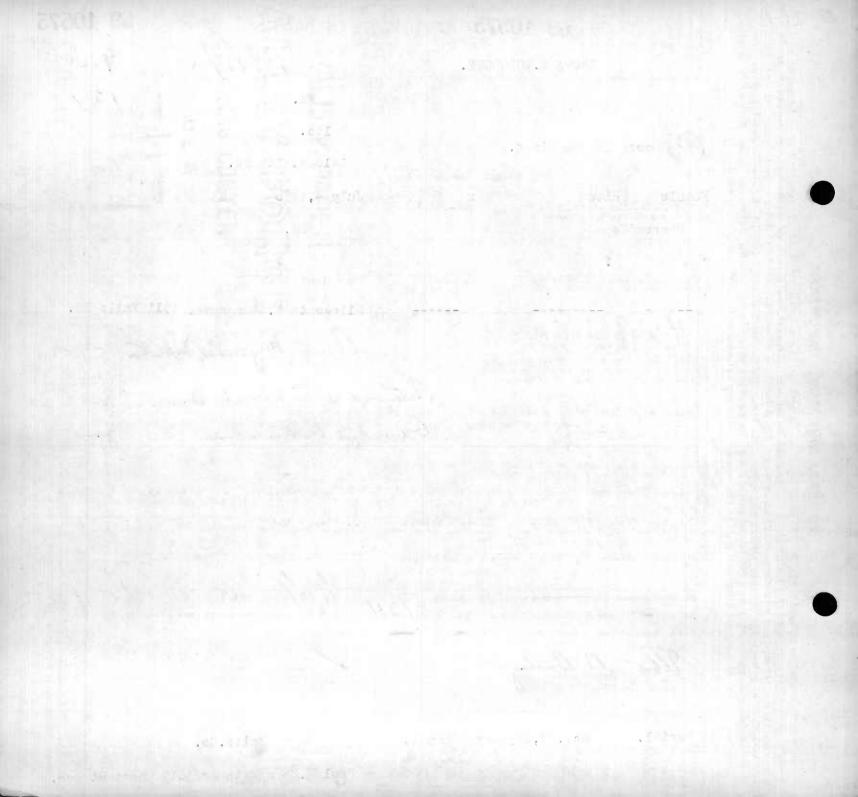
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BALTIMORE CITY HEALTH DEPARTMENT	
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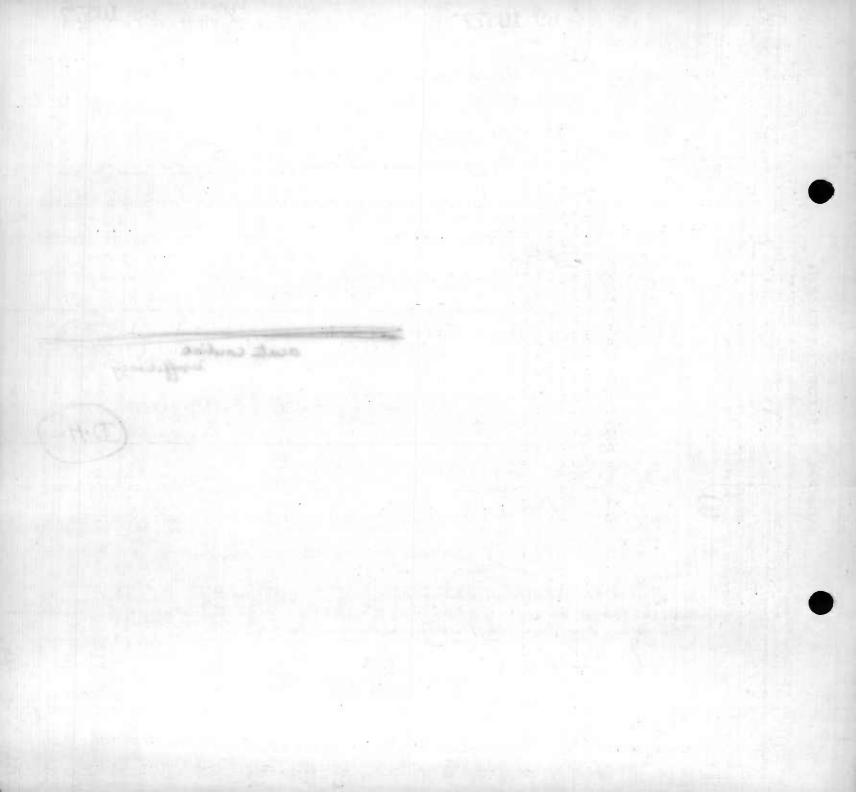
	69	10574	MED	ICAI	EXA	AMINER'S	CERTIFI	CATE O	F DEAT	H REG. NO.	17.0	10574
BII	RTH NO.									REG. NO.		
1. (Tv	NAME OF DEC	CEASED					2. DATE	Known XX	Month	Doy	Year	Hour
(17	MI	LTON O'	BRIEN				OF DEATH	Estimoled [10	25	69	11:30p M.
4.	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE		Month	Doy	Yeor	Hour
HC	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS	TITUTION	GIVE STREET		UNCED DEAD	Oct.	25,	1969	11:30 p _M
	With	TYm i am	Momored	o 1 II		-1	A. STATE		ere deceosed ii	B. COUNTY	: residence i	3 48
6	SEX	Union 17. RACE	Memori				C. CITY OF	aryland		D. INSIDE CI	TV HAAITED	2/0
0.						NEVER MARRIED						
	Male	Whit			WED L	DIVORCED L	Ba1			YI	ES 🗶	NO L
	DATE OF BIRT		10. AGE (In lost birthdo			Doys Hours Min.		243 Elsa	Terrac	e		
	BIRTHPLACE (1	ZEN OF	13. FATHER		102200			
		Md.			WHA	AT COUNTRY?			?			
		PATION (Giv		14B. KINI	OF BUS	INESS OR INDUSTR	Y IS. MOTHE	R'S MAIDEN N				
	e during most of		en ifretired)	m.	- lad	. 2						
	Chauffeu WAS DECEAS		U.S. ARMED		cking	SOCIAL	IB. INFOR	MANT	{	ΔΙ	DDRESS	
(Ye	s, no or unknown	(If yes, give	wor or dotes			SECURITY NO.	200					
	19.	WV	VII			64.110F 05 05		L.O'Brie	n 4243	Elsa Ter		PROXIMATE INTERVAL
	416	2 21				CAUSE OF DEA	TH					EEN ONSET AND DEATH
	DISEAS	E OR COND	ITION DIRE	CTLY								
		LEADING TO				(A)IMMEDIATE	CAUSE Hy	pertensiv	ve card	iovascul	ar dis	sease
	(This does not heart foilure	not mean the	mode of dy	ing, e.g., diseose,			AS A CONSEC					
	injury or cor	mplication whi	ch coused dec	oth.)								
	Α:	NTECEDENT	CALISES			4-3						
Н		OR CONDITI		. GIVING		(B)	AS A CONSE	QUENCE OF:				
	RISE TO TH	E ABOVE CA	USE (A) STAT	TING THE								
Z	ONDEALIN	40 COMDII	IOIN LASI.			(c)						
E			II					4-7-7				
CERTIFICATION	TO THE DE.	NIFICANT CON ATH BUT NOT R CONDITION	RELATED TO	THE TERM	MINAL				· ***	~		
RT						ICH OPERATION W	AS PERFORA	MED			21. AUTO	PSY? (Yes or No)
2	2										YES	
A	22A. FXTER	NAL CAUSE	WAS		22B. PI A	CE OF INJURY(e.g.,	in or about !	2C WHERE DIE	/If in Boltimo	re City give eve)
MEDICAL	UNDERLYING UTING CA	OR CON	TRIB-			rm, foctory, street, offic				re city, give exc	zer rocomony	
Σ	OF INJURY	(Month) (D	Doy) (Yeor) (Hou	'	NJURY OCCURRED		22F. HOW DID I	NJURY OCC	UR?		
H	(APPROX.)			200	m. WHIL		VORK					
		rify that I h	eld on 1	nquiry [7 In	spection Au	topsy XX	and that on	this bosis.	death in my	onlaign	
						_						
	resul	ted from: N	DIAME CON	Seszery	Acci	dent Suici		omicide 🔲		ned monner [_	
	ACTUAL	/	11	14	1 1	/		CHIEF MEDICAL				DATE SIGNED
	SIGNAT		11/1	pry	ald	M.E	ASS	STANT MEDICA	LEXAMINER	XX		
	EXAMIN	-	11				ASSO	CIATE MEDICA	LEXAMINER			
_	NAME (Isid	ore 1	Miha1	akis, M.D.					25, 19	
	A. BURIAL CRE MOVAL (Speci		24B. DATE		24C. N	NAME of CEMETERY	or CREMATO	ORY 241	. LOCATION	(City, town	n, or county	(Stote)
	Burial.		Oct . 28	3.196	9 Rs	alto.Notion	al		D-	14.		
25	A. DATE REC'D					REGISTRAR		FUNERAL DIREC	TOR	lto. A	DDRESS	
	n	CT 28	1969	200	E 3	riber, M.D.	_					
			1000				Pau	I E.Chen	oweth J	r. 3615	Chest	nut Ave.
VS	ISI-REV. 1/1/61	В		1 1	4	4 11 1		3 0	1			

appropriate the thought to me the during out. d. Topus Salts. Nactorial. Charles described the control of the

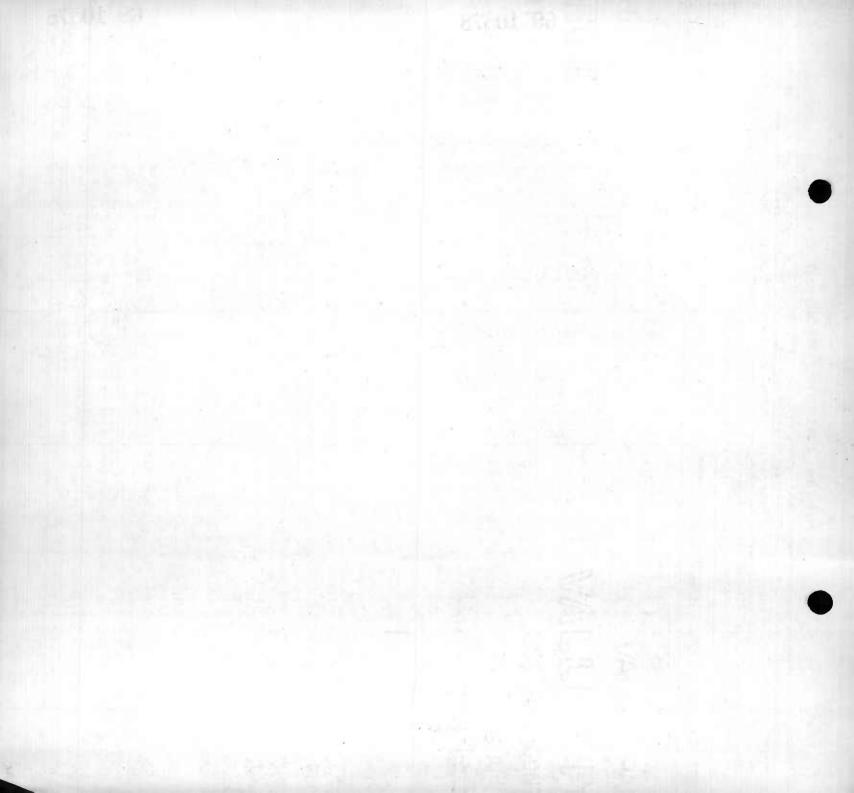


VS 150-REV. 1/1/68

6116 Durie Rd. - adduss



T-220 60 10	BALTIMORE CITY	HEALTH DEPARTMENT		CO ADETTO
4 220 69 10	578 CERTIFICA	TE OF DEATH	REG. NO.	69 10578
	CERTITICA			
1, NAME OF DECEASED (Type or Print)		2. DATE AND	28-69	2 2
George H.	SAAC	4. USUAL RESIDENCE (Where		itution encidence before admission.
3. PLACE IN BALTIMORE, MATHLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNT		nonon, residence before odinission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C, CITY OR TOWN	D. INSID	E CITY LÍMITS?
0.	0 11 4	BAIZIMON	0	YES NO
3237 Phelps LA	Ne BAltu, Ma	E. STREET AND NUMBER 3237 Phe. 14	1 0 11 0	
S. SEX 6. RACE 7. MAD			AGE (In years	If Under 1 Yr., If Under 24 Hrs.
M WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED		ost birthday	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		ARC. MA	1	4.52
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	-6, 201
Walter ISAAC				
	19.4	Green	V	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	ice) SECURITY NO.	17. INFORMANT		ADDRESS
No	212-05-7794	HildA ISAN	32377	helps have
18. 14 7 91	CAUSE OF DEAT		0=077	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0 1	7	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	JSE Caremona //	norecal	4 months
(This does not meon the mode of dying, heart failure, asthenia, etc. II means the disc	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which coused death.)	,050,			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
ise to the obove couse (A) stoling	The			
UNDERLYING CONDITION Iosi.	(c)			
z				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART I (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES WEDE FIL	NDINGS CONSIDERED
WAS PERFORMED	OK WHICH OFERATION	en/ A	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Baltimare	City, give exoct location)
OR CONTRIBUTING CAUSE OF	home, form, factory, street, of	ffice bldg., INJURY OCCUR?	III III DOMINIOTE	city, give exact location,
DEATH (notify medical examiner)	erc./			
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Not While At Work			
22. I certify that (1) (this haspital) attend	lad the deceased from	OCX. 1	965 10 Oct	28,69 19
		1.	P. Waligad 1 U Winning St. 1.	
that (1) (we) last sow the deceased olive	- 100 E . L'	10 6 9	/ \ /\	the first of the state of the s
	on Oct 2	19 <i>.69</i> and tha	t in (my) (our) apini	ion deoth accurred an the date
and haur and fram the couses stated above				
and haur and fram the couses stated above	re. (I) (We) (did) (did (did (did (did (did (did (d	riew the bady ofter death.		23B. DATE SIGNED
	re. (I) (We) (did) (did (did (did (did (did (did (d	riew the bady ofter death.		
23A. SIGNATURE APPLICAN'S 23C. PHYSICIAN'S	ve. (I) (We) (did) (did not) v	riew the bady ofter death.		23B. DATE SIGNED
23A. SIGNATURE	ve. (I) (We) (did) (did not) v	riew the bady ofter death.		23B. DATE SIGNED
23A. SIGNATURE ABOVE B BULLER 23C. PHYSICIAN'S NAME (Type) MO MUS B. SCHREIBL 24A. BURIAD CREMATION. 124B. DATE 124A. BURIAD CREMATION. 124B. DATE	Pe. (I) (We) (did) (did not) volume (did	riew the bady ofter death. anding Med. 5. 23D. ADDRESS 1519W.	Shoff Dobys. D	23B. DATE SIGNED 10.29-69
23A. SIGNATURE ABOSTO BELLEVE 23C. PHYSICIAN'S NAME (Type) MORRIS B. SCHREIBL	ve. (I) (We) (did) (did not) v	riew the bady ofter death. anding Med. 5. 23D. ADDRESS 1519W.	Shoff Dobys. D	23B. DATE SIGNED
23A. SIGNATURE ABOUT S BALLOKE 23C. PHYSICIAN'S NAME (Type) MORRIS B. SCHREIGH 24A. BURIAD CREMATION, 24B. DATE 24A. BURIAD CREMATION, 24B. DATE BULLIA 10/31/69	C. NAME OF CEMETERY OF CRIT	ending Med. Director St. 23D. ADDRESS IS I GW. 24D. LO	Shoff Dobys. D	23B. DATE SIGNED 10.29-69
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) M. P. R.S. B. S. C. H. R.E. I. B.I. 24A. BURIAD CREMATION, 24B. DATE 24A. BURIAD CREMATION, 24B. DATE 25A. DATE REC'D BY HEALTH DEPT. 25B. NA 25B. NA	C. NAME OF CEMETERY OF CRIT	riew the bady ofter death. anding Med. 5. 23D. ADDRESS 1519W.	Shoff Dobys. D	23B. DATE SIGNED 10.29-69
23A. SIGNATURE ABOUT S BALLOKE 23C. PHYSICIAN'S NAME (Type) MORRIS B. SCHREIGH 24A. BURIAD CREMATION, 24B. DATE 24A. BURIAD CREMATION, 24B. DATE BULLIA 10/31/69	C. NAME OF CEMETERY OF CRIT	ending Med. Director St. 23D. ADDRESS IS I GW. 24D. LO	Shoff Dobys. D	23B. DATE SIGNED 10.29-69



M.D.

24C. NAME of CEMETERY or CREMATORY

Baltimore National

Russell S. Fisher, M.D.

25B. NAME OF REGISTRAR

/69

24B. DATE

ACTUAL

REMOVAL (Specify)
Burial

SIGNATURE

EXAMINER'S

NAME (Type)

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT

CHIEF MEDICAL EXAMINER X

25c. FUNERAL DIRECTOR Stetson D. Wilson 1913

24D. LOCATION (City, town, or county)

ADDRESS

Baltimore City

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

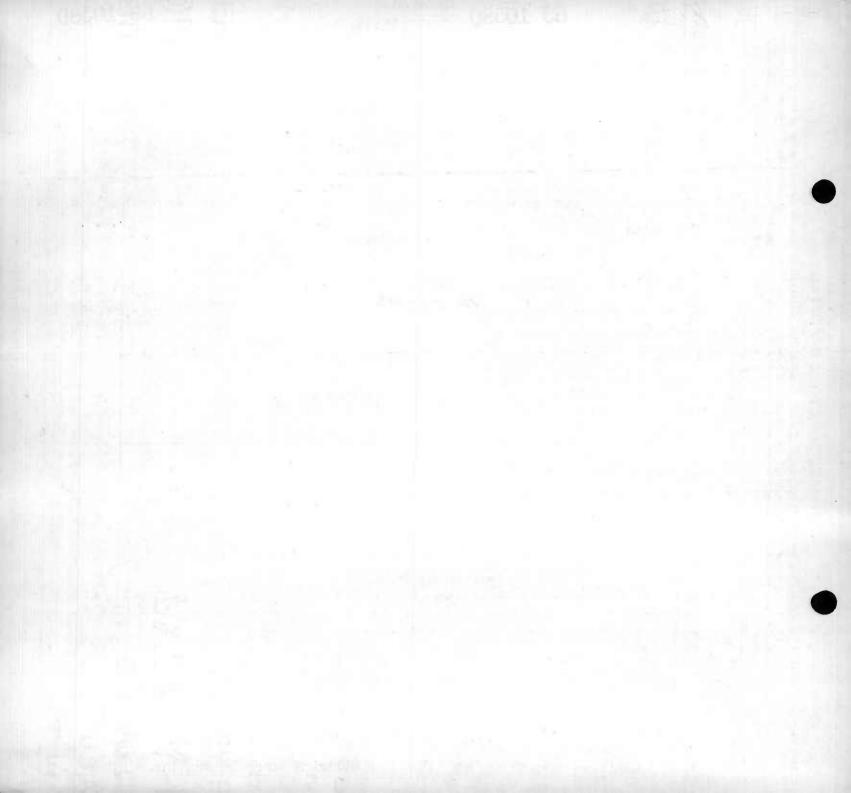
DATE SIGNED

10-20-69

W.Baito.Md

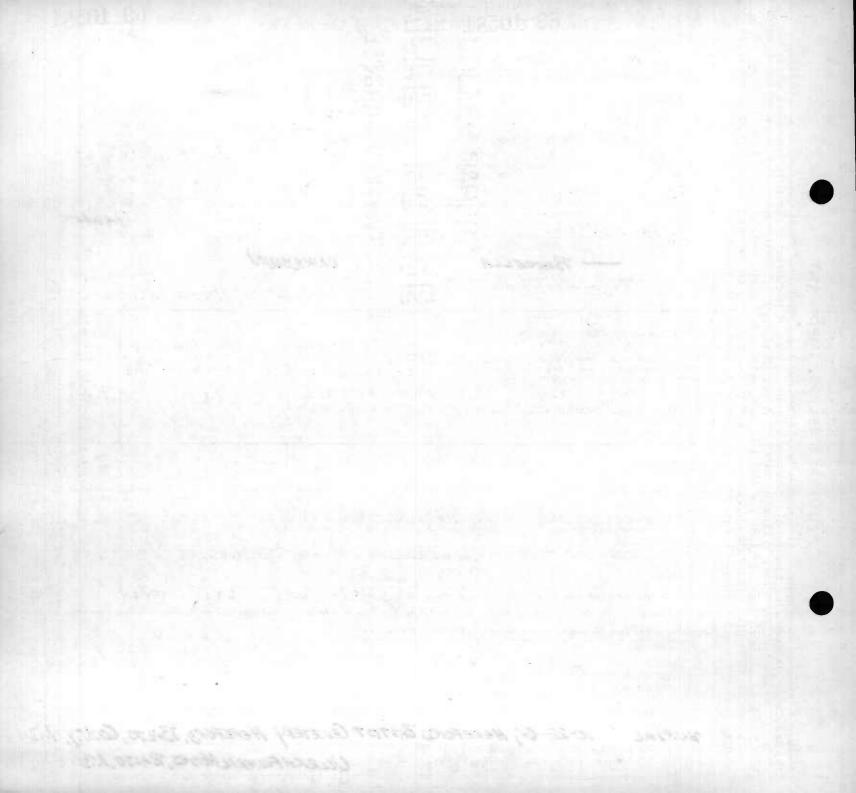
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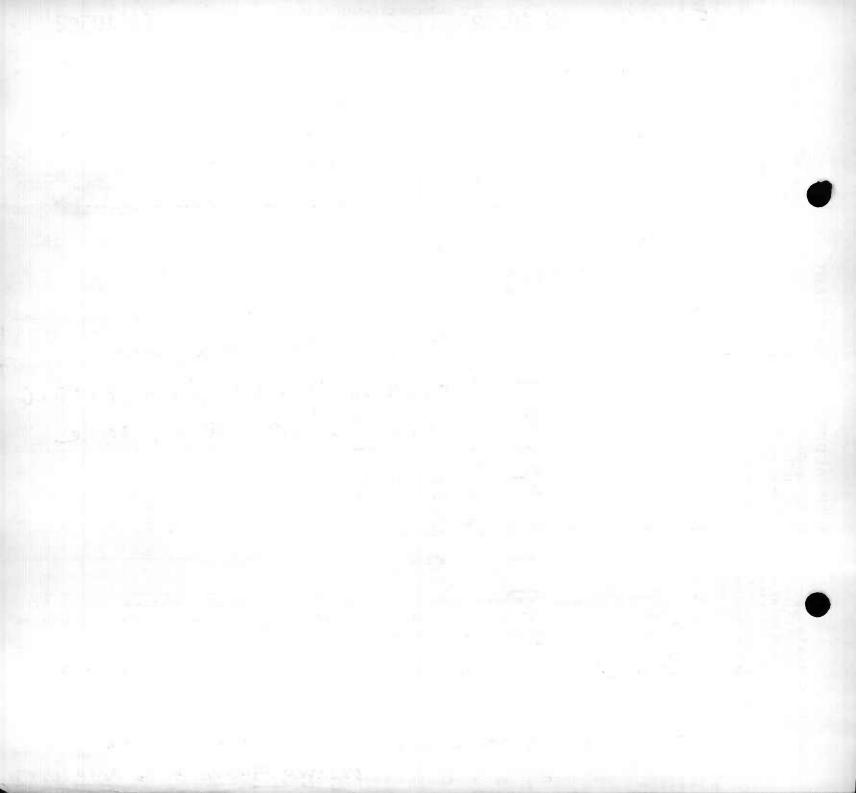
E BIRTH NO.	300	69 1058		TE OF DEAT	Y	69 10580
1. NAME C	of DECEASED		2. BEATT	16	TE AND HOUR OF DEATH	nstitution; residence before admission)
3. PLACE FULL NAM HOSPITAL INSTITUTE	BALTIMORE 4940 EAST	i Hospital or Instit or Location) CITY HOSPIT ERN AVENUE , MARYLAND	UTION, GIVE STREET	A. STATE MARYLAND C. CITY OR TOWN E. STREET AND NUME 3218 LYNCH	BALTIMORE D. INS	SIDE CITY LIMITS? YES NO M
5. SEX MALE	6. RACE		NEVER MARRIED DIVORCED	8. DATE OF SIRTH 11-22-10	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during	L OCCUPATION (Give ki most of working life, even odian	if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of INDIANA	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER	DAVI			14. MOTHER'S MAIDER	JEANI	NIE
15. Wos De (Yes, no or u	eceosed Ever in U. S. A Inknown) (If yes, give w	or or dates of service)	16. SOCIAL SECURITY NO. 136-03-4/103		BALTIMORE CITY EASTERN AVENU	
DISEA	ar camplication which ANTECEDENT USES OR CONDITIO It the abave cau ERLYING CONDITION I SIGNIFICANT CONDITION SEDEATH BUT NOT RELA SE OR CONDITION GIVE	CAUSES NS, il any, giving se (A) sloting the last. ONS CONTRIBUTING LIED TO THE TERMINAL		EPSIS A CONSEQUENCE OF: 2 (1) (1) (1)	Phermatoich A	6 weeks
3 / 0 21A. A	CCIDENT WAS UNDE	WAS PERFORMED DIVERTINE RLYING	TIS	n or obout 21 C. WHERE D	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? YES
	JURY	er) etc.) (Year) (Hour) 21E	. INJURY OCCURRED	21 F. HOW D1	D INJURY OCCUR?	
that (and he 23A. SI		hospitol) ottended t	he deceased fram	ending Med. Director 23D. ADDRESS	Staff	23B, DATE SIGNED
Bu	OVAL (Specify)	/27/69 Be	ame of CEMETERY of CR clair Memorial of REGISTRAR	Gardens 25C. FUNERAL DIR	Belair. Md.	Address unclass, Md.
VS 150-RE	V. 1/1/68	1 0	6 9 0	0 8 5 6	5	



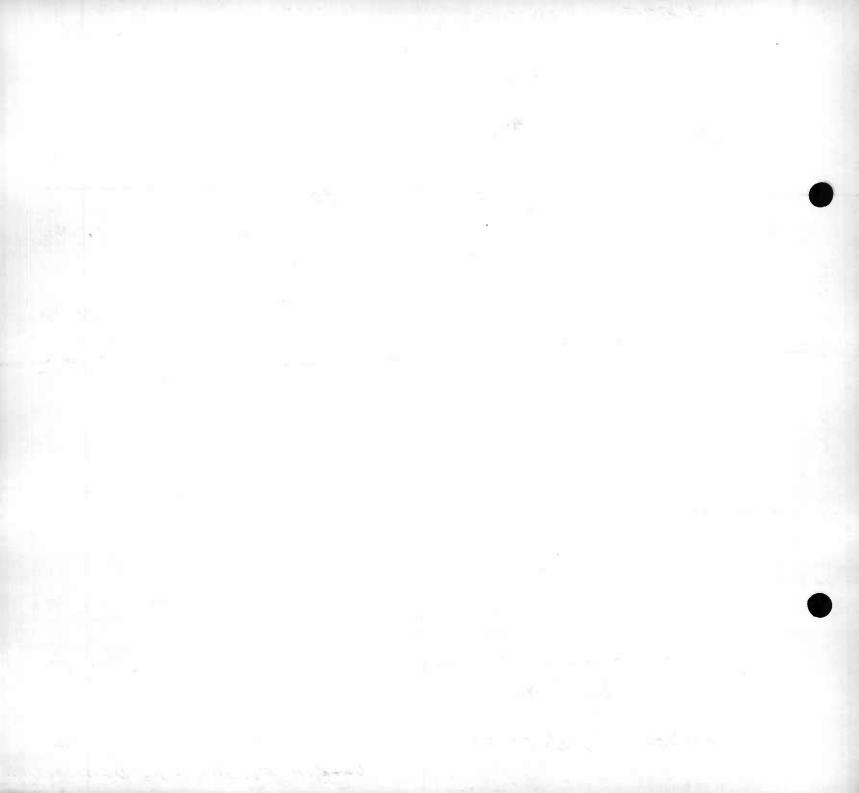
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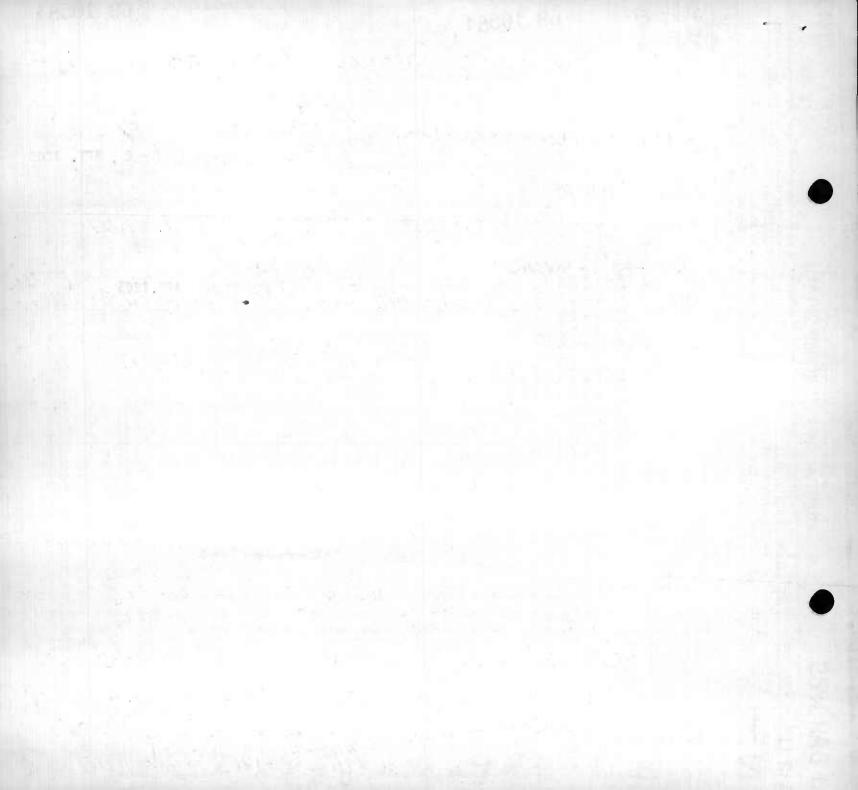
-	11 2011		HEALTH DEPARTMENT		00 10-
BIRT	11-329 69 10	581 CERTIFICA	TE OF DEATH	REG. NO	69 10581
	AME OF DECEASED Mitchell, Rditt	1		6/69	1155 A
FUI	PLACE IN BALTIMORE, MARYLAND, WHERE PRO LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)		A. USUAL RESIDENCE (Who A. STATE B. COUN	ITY .	stitution: residence before odmission 26/0 DE CITY LIMITS?
INS	BALTIMORE CITY HOSE 4940 EASTERN AVENUE BALTIMORE, MARYLANE	5	Baltimo. E. STREET AND NUMBER		YES NO
5. S			B. DATE OF BIRTH	9. AGE (In years	
	Unite Wildow Usual Occupation (Give kind of work 108, KINE		12/31/99	lost birthdoy 69	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done	Housewife educing most of working life, every fretired)	OF BUSINESS OR INDUSTRI	Maryland		2154
13. [FATHER'S NAME BARZELL	A	UNKNOWN	ME)	
15. V (Yes	Was Deceased Ever in U. S. Armed Forces? ,,no or unknown) (If yes, give wor or dotes of serving)	1 6. SOCIAL	17. INFORMANT	O EASTERN AV	ADDRESS E. BALTO. MD. 212
	18.4.33,91	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying,	(A)IMMEDIATE CAL	USE Cerebrovasc. A CONSEQUENCE OF ITEM TO ATTEM TO	war Accid	est
	hearl failure, asthenia, etc. II means the dise injury ar camplication which caused death,)	ase, DUE TO, OR AS	icular Artery	thrombosis	1%5
	ANTECEDENT CAUSES	with o	ecurrence -	10/0	71.
	DISEASES OR CONDITIONS, if any, give		A CONSEQUENCE OF:	/ (8	10045
	rise to the above cause (A) stating UNDERLYING CONDITION last.	0			
ATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIT TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	ng Infe	Letion - 5g	Lenie	Zdays
		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? YES
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg. INJURY OCCUR?	(If in Boltimor	e City, give exoct location)
	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this haspital) attend		1-1-	19 67 to 16	0/24 1969
	that (I) (we) last saw the deceased alive	2 12 11			nian death accurred an the de
	and haur and fram the causes stated abov			, ,, (,,	/
	23A. SIGNATURE	Sept Atte	ending Med.	Shaff A	238. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS BI		224
24A	BURIAL CREMATION, 248. DATE 249	N, MD. DEGREE C.NAME of CEMETERY OF CR			40 EASTERN AVF. ty, town, or county) (Stote)
		LEREFORD BAPTI	ST CEMETERY HE	EREFORD, 13+	20, GOULTY, NID.
25 A	OCT 29 1969 Tables Care	OF REGISTRAR	CLERICA FULL	GEALHONES, T	BALTO, MIS.
VS	150-REV. 1/1/6B	The state of the s	7 0 0 0		





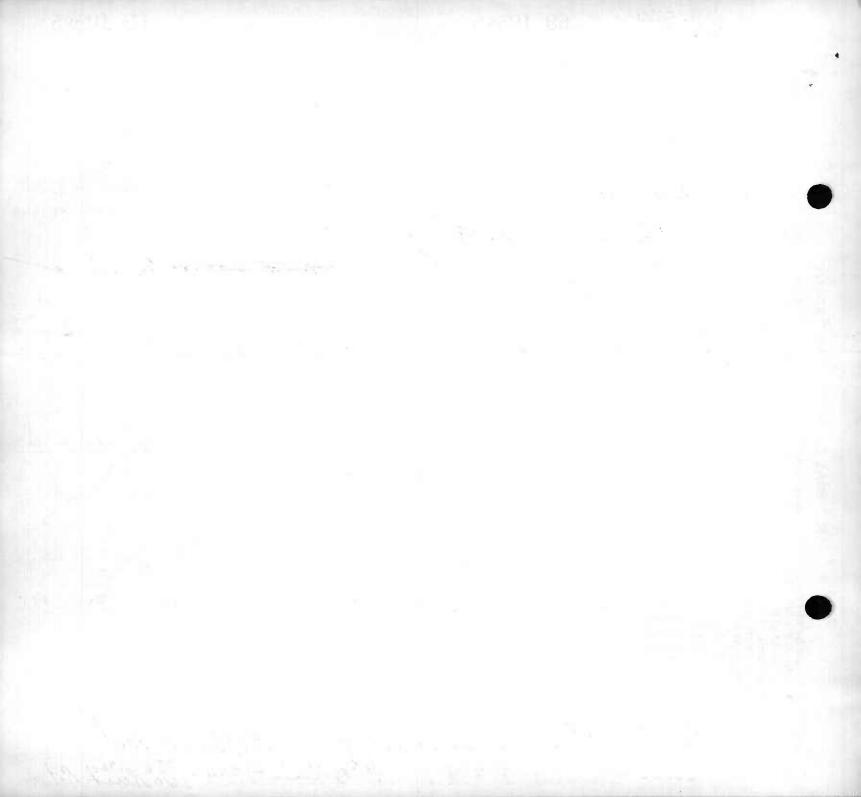
В	H-535 69 10583 CERTIFICA	TE OF DEATH REG. NO. 69 10583
1.	NAME OF DECEASED Anthony Gertrude	2. DATE AND HOUR OF DEATH 10-24-1969 1.25 A.M.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence belove admission) A. STATE B. COUNTY Party Maryland U.S.A
ļ	South Baltimore General Hospital	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO
ė	43	E. STREET AND NUMBER 3018 Dunleer Rd., Baltimore, Maryland
E	Female While WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years of Under 1 1/2. If Under 24 His. Months Doys Hours Min. 83
	A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired) House wife	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland Mary U. S. A.
	James Meredeth (dec)	14. MOTHER'S MAIDEN NAME MOR THE MEREBIT H
15. (Y	. Was Deceased Ever in U. S. Armed Forces? es,no at unknown) (If yes, give war at dotes of service) No	17. INFORMANT ADDRESS Mrs Madeline Meredith 3018 Dunleer Rd.
MEDICAL CERTIFICATION	injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving nise to the above couse (A) stating the UNDERLYING CONDITION last. (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	SE Orterio - Schrote Cardio - A CONSEQUENCE OF: Scalar dise see; Bilt lower See forcumonica A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) Or about 21C. WHERE DID or about 21C. WHERE DID ce bidg., INJURY OCCUR?
24 <i>A</i> 25 <i>A</i>	and haur and from the causes stoted abave. (1) (We) (did) (did not) via 23A. SIGNATURE N. Y. Younan M. D. Attention	ding Med. Shoff 10-24-69 BD. ADDRESS South Baltimore General Hospt MATORY 240. LOCATION (City, town, or county) (State)





IMPORTANT

DIRECTOR:



		•	
IMPORTANT	or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death	re of any kind; (4) Undetermined cause; (5) Deceased nounced death was in regular attendance on the attendance on the deceased prior to death. Such Imed or final disposition is made.	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (I) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

11-4	535	0.0	A 40 PM -	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 10		
BIRTH NO	0.	69	1058	6 CERTIFICA	TE OF DEATH	REG. NO	69 10586		
Type or P	OF DECEASED	WACA		AMUEL-	2. DATE A	ND HOUR OF DEATH	. 1-30		
3. PLACE	IN BALTIMOR	E MARYLAND, X	HERE PRONO		4. USUAL RESIDENCE (Wh	26-69	S == A N		
FULL NA HOSPITAL	ME OF (I			UTION, GIVE STREET	MARYCA	NTY	2720		
INSTITUTI	1014				C. CITY OR TOWN		E CITY LIMITS?		
42	ΣT	nai Hosp	oltal		E. STREET AND NUMBER		APT 703		
					3601 CQC	ruks (2	APT . 703		
5. SEX	ale w		7. MARRIED WIDOWED		8. DATE OF SIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
		N (Give kind of work			11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY		
	REAL ES	life, even if refired) TATE	1	F EMPLOYED	BALTIMORE,	The state of the s	USA		
	R'S NAME				14. MOTHER'S MAIDEN NA	ME			
15 Was D.	lacation	N LONDON		19.	LATE IDA	LERNER			
(Yes, no or u	unknown) (if yes	, give wor or dote	s of service)	SECURITY NO.	MRS. ELIZABETI	LONDON, APT	1 CLARRSESLANE,		
18.	1101	1100	ana 1	CAUSE OF DEAT	H		A PROCYLM A TE TALTERY AT		
7	DISEASE OR	CONDITION DIR	ECTLY	1	Luice	ideal infai	CHETWEEN ONSET AND DEATH		
(This	does not med	in the made of	dying e.a.	(A) IMMEDIATE CAL	ise Ovemia x	proposte	days-		
heori	lailure, aslhen	a, elc. Il means in which caused	the disease.	DUE IO, OR AS	A CONSEQUENCE OF:				
111/01/		EDENT CAUSES	deam.)	Λ Ι.	. \ (^	disea			
DISEA				(B) 17 4 tenc	scheiche Co	ivduova(a	don years		
tise	la the above	NDITIONS, if core (A)	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	۸ '	1		
UNDE	ERLYING CON	DITION last.	oloning the	(c) Urete	ial Obstu	choe	years		
	E DEATH RUT N	ONDITIONS CONTOUR RELATED TO THE ON GIVEN IN PART	E TEDIAINIAI	Dial	peter W	ellitus	50 years		
19A.D/	ATE OF OPERA	TION 198 CONT	DITION FOR V	HICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FIN	NDINGS CONSIDERED		
. OR CO	CCIDENT WAS NTRIBUTING [Inalify medico	UNDERLYING DE CAUSE OF CAUSE OF	21 B. hame etc.)	PLACE OF INJURY (e.g., in b, farm, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimore	City, give exoct location)		
21D. TI	ME (Manth	(Doy) (Year)	(Hous) 21 E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
E (APPRO				e At Not While					
22 1		\(\daggerightarrow\)	Worl	AT WORK	1-3				
						191a\C	E		
	•	w the deceased		10-76	19and th	at in (my) (aur) apinio	on death accurred on the date		
and ha	our and from t	he causes state	ed abave. (i)	(We) (did) (did nat) vi	ew the bady after death.				
23A. SIG	GNATURE		0	1.		/ 2:	B. DATE SIGNED		
	100	yau		M D DEGREE Phys.	Iding Med.	Staff Phys.	10-76-69		
23C, PH	TYSICIAN'S AME (Type)		/		3D. ADDRESS		,0 00 0		
15	UBEN	D2 1 1	ANSK	ME of CEMETERY OF CRE	Sinai H	pospital	of Balto		
REMO			124U. NA	INIE OF CENTETERS OF CRE	WAIORT 124D. LO	CATION (City.	Annual and advantage of the contract of the co		
	ALIVE AND COPPERIS								
BUR	RIAL	10-27-6	se sho	MRE ADATH	RO	SEDALE, MARYI			
BUR		10-27-6	SHO	MRE ADATH	RO 25C. FUNERAL DIRECTOR	SEDALE, MARYL	ADDRESS		
BUR	REC'D BY HEAT 2 9 196	10-27-6	se sho	MRE ADATH	RO 25C. FUNERAL DIRECTOR	SEDALE, MARYL	LAND		

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<	3-536 69 105	18/	HEALTH DEPARTMENT	250 110	69 10587
BIF	TH NO. DATE OF COLUMN	CERTIFICA	TE OF DEATH	REG. NO	00 10007
	PAME OF DECEASED ALBERT SCHNEIDER			1-26-69 A	:45 BAN.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (WH	ere deceased lived. If i	institution; residence before admission)
H	LL NAME OF (IF NOT IN HOSPITAL OR IN STRUCTURE OF ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARY LAND		SIDE CITY LIMITS?
	LEUINDICE FEWISH	INFIRMARY	BALTIMORE E. STREET AND NUMBER		YES NO 🗌
1	7		3906 FORDS LA	WE. APT. 1	#21215
5.	M ALE 6. RACE WHITE 7. MARR WIDOW	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9-15-03	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
dor	USUAL OCCUPATION (Give kind of work 108, KfM) duri Charles A Di Pode St	OF BUSINESS OR INDUSTRY	NEW YORK, N	reign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	SIGMUND SCHNEIDER		FANNIE FRANK		
15. (Ye	Was Deceased Ever in U.S. Armed Forces? s,no or unknown) (If yes, give wor or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	3(906 FORDS LANE.
	NO		MRS. SHIRLEY S	CHNEIDER. AT	PT. 1 #21215
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATI	H	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying,	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:	uon a	
	heart failure, asthenia, etc. Il means the dise injury ar camplication which caused death.)				
	ANTECEDENT CAUSES	(-a 8	Dio Vulmon	Unry are	2857
	DISEASES OR CONDITIONS, if ony, gir	ving (8)UE TO, OR AS			
	rise to the above cause (A) stoting UNDERLYING CONDITION last.				
	II	(c)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG CHRON	JIC BRAIN S	yN DROW	(
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimo	ore City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID IN	JURY OCCUR?	
	22. I certify that (I) (this hospital) attend		11-21-68	.19 to /	0-26-69 19
	that (I) (we) lost sow the deceased alive	10-26 60	19 ond t		inion deoth occurred on the dote
	and hour and from the couses stated abov	1			
	23A. SIGNATURE				23B. DATE SIGNED
	(25 Mu	DEGREE Phys	nding Med.	Staff Phys.	10-26-69
	23C. PHYSICIAM'S NAME (Type)	DEGREE	23D. ADDRESS EULNE		
24/	A. BURIAL CREMATION, 24B. DATE 24	DEGREE C. NAME of CEMETERY OF CRE	EMATORY 24D.	LOCATION (C	City, town, or county) (State)
	BURTAL 10-27-69	HEBREW FRIENDSHI	P 341	O F. RAITO.	ST. MARY LAND
25/		ME OF REGISTRAR	25C. FUNERAL DIRECTO	P	ADDRESS
	OCT 29 1969 Maller F. 48	went with the	SOL LEVINSON	E RKOS. 60	10 REISTERSTONN RD.
VS	150-REV. 1/1/68	4.5	0 0	(-	

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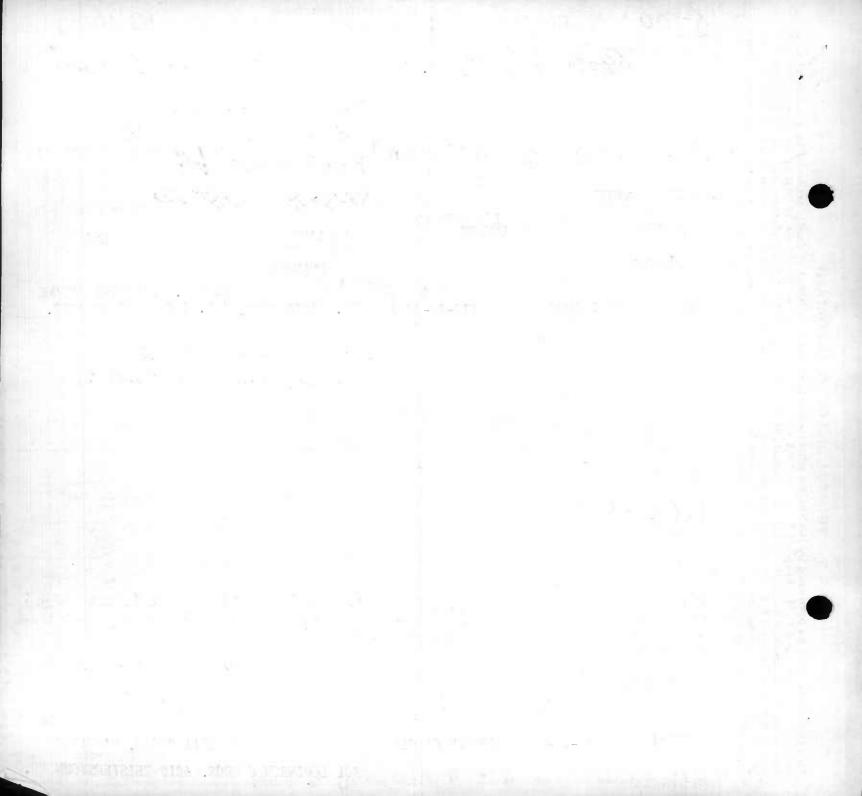
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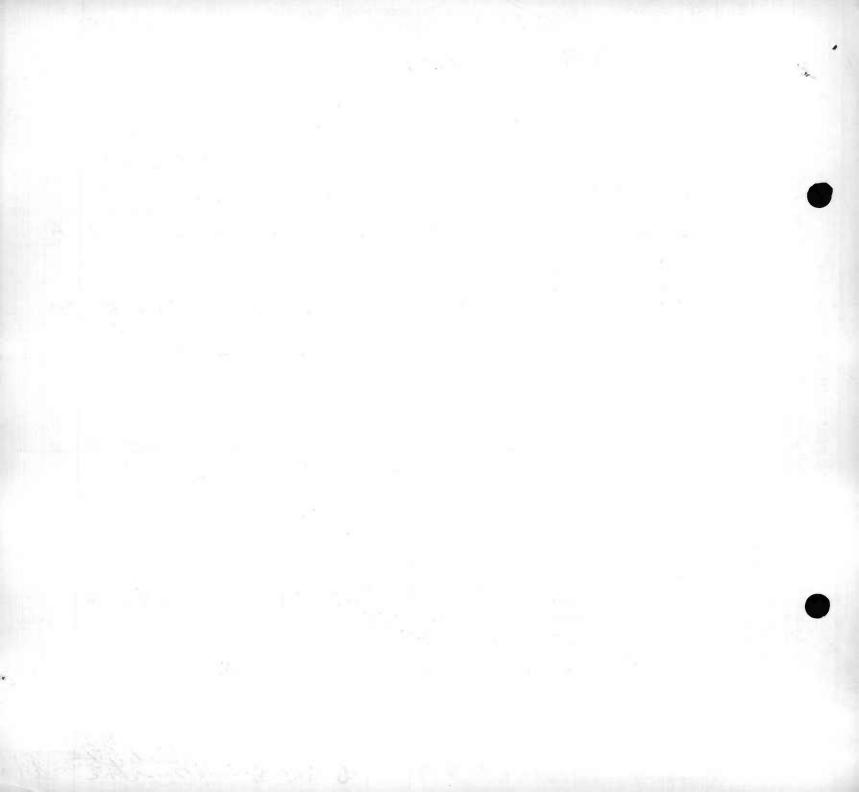
VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

BALTIMOI	DRE CITY HEALTH DEPARTMENT
	FICATE OF DEATH REG. NO. 69 10589
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	ROSE OCT. 24 69 5 50 AM M
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE HOSPITAL OR INSTITUTION, GIVE STRE HOSPITAL OR INSTITUTION, GIVE STRE	
42	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO
Ring Hosp of Baltime	
Gerial Tions	KNAKAKAKAKAKAKAKAKAKAKAKA
5. SEX 6. RACE 7. MARRIED X NEVER MARRI	
MALE WHITE WIDOWED DIVORC	CED AXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
done during most of working life, even if refired!	NDUSTRY 11. BIRTHPLA CE (State or loreign country)
FURMAN XMAXX	ENGLAND
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO	o. 17. INFORMANT 2500 W. BELVEDERE AVENUE
YES WW I ARMY 213-10-6	
18. 3 6 2 / I CAUSE OF	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 + 01
(This does not mean the mode of dving, e.g., (A) IMMEDI.	DIATE CAUSE PROCEDE:
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	due to suplemed diverticulities
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, it any, giving (B)	D, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)	
11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A).	
	M9999999000000000000000000000000000000
19A-DATE OF OPERATION WAS PERFORMED WAS PERFORMED	ON 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 121A. ACCIDENT WAS LINDERLYING TO 1218 PLACE OF INLUIS	RY (e.g., in or about 21 C. WHERE DID III In Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, farm, factory, s	RY(e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exact location) street, affice bidg., INJURY OCCUR?
O	RED 21F. HOW DID INJURY OCCUR?
S OF INJURY While At N	Not While
Work L A	At Work
22. I certify that (1) (this hospital) attended the deceased from	
that (I) (we) last saw the deceased alive an	2 (19 69 and that In(my) (aur) opinion death accurred an the date
and haur and fram the causes stated above. (1) (We) (dld) (dld	
7d.112 & O1.	Attending Med. Staff V
23C. PHYSICIAN'S	
NAME (Typel / LIX/// TOH	Car Hash 1 Rolf
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY	Y or CREMATORY 24D. LOCATION (City, town, or county) (Stole)
Plint A	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	CLE GERMAN HILL BROAD, MARY LAND 125C. FUNERAL DIRECTOR ADDRESS
OCT 29 1969 Osber E. Jackey M.D.	SOL LEVINSON & BROS. 6010 REISTERSTOWN RD.

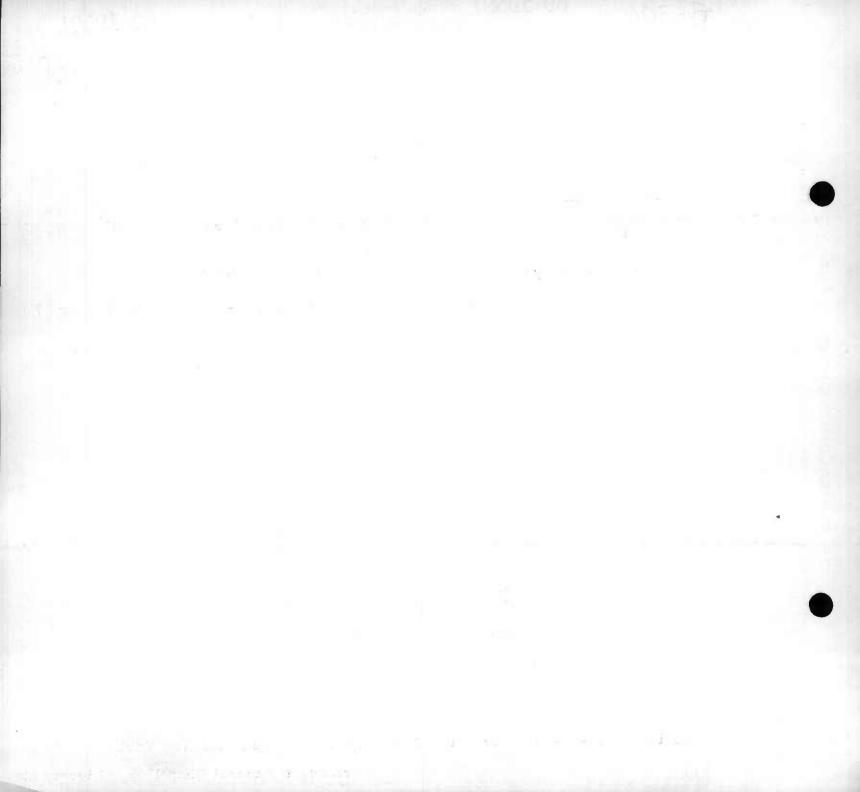




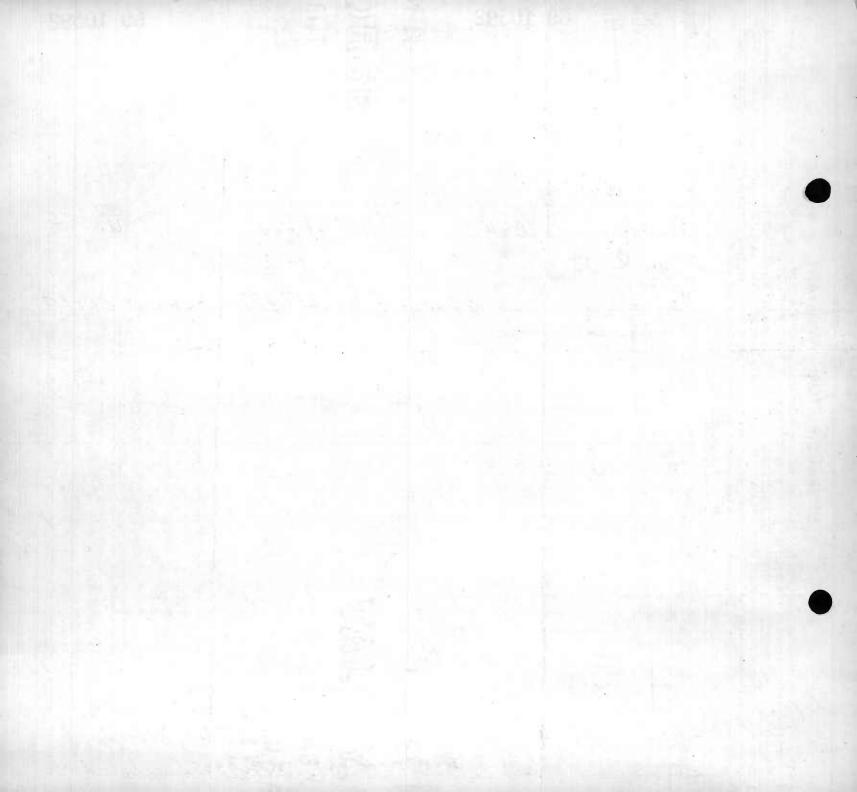
IMPORTANT

DIRECTOR:

FUNERAL



	HEALTH DEPARTMENT
K-000 69 10592 CERTIFICA	TE OF DEATH XREG. NO. 69 10592
BIRTH NO.	TE OF DEATH
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) ROY, JOHN L. SR.	10-24-69. 16-15 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
STEACE IN PACIFICACIO, WHERE TROTTO ONCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MD 101/4. 52/1
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Baltinese YES X NOT
Lusheran Hospital of MD.	E. STREET AND NUMBER
1//-	
10	3332 Kessfer ct.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	9-12-96. lost birthday) Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) / 12. CITIZEN OF WHAT COUNTRY?
Chanffer Cab	Maryland U.S.A.
	14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John R Parl	Lottie Dale
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	ADDRESS
1/2 013-04 0140	John L. Roy Jr. 3332 Kessler Court
18. 2. CAUSE OF DEAT	H APPROXIMATE INTERVAL
7/91/	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	11 1 12 illation
LEADING TO DEATH	USE Atrial fibrillation A CONSEQUENCE OF:
(This does not mean the made of dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:
ANTECEDENT CAUSES	n mjocardial infarction
ANTECEDENT CAUSES (B)	1 10 10 Carola Imparcha
	A CONSEQUENCE OF:
rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.	
UNDERLYING CONDITION lost. (C)	
ONDERCTING CONDITION 1651. (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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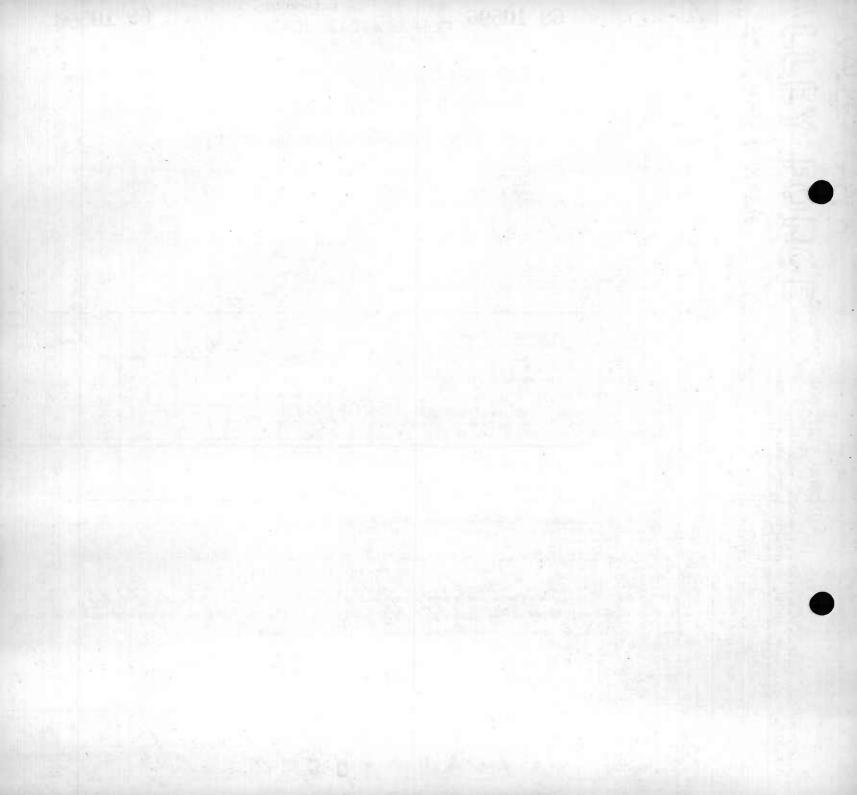
BALTIMORE CITY HEALTH DEPARTMENT

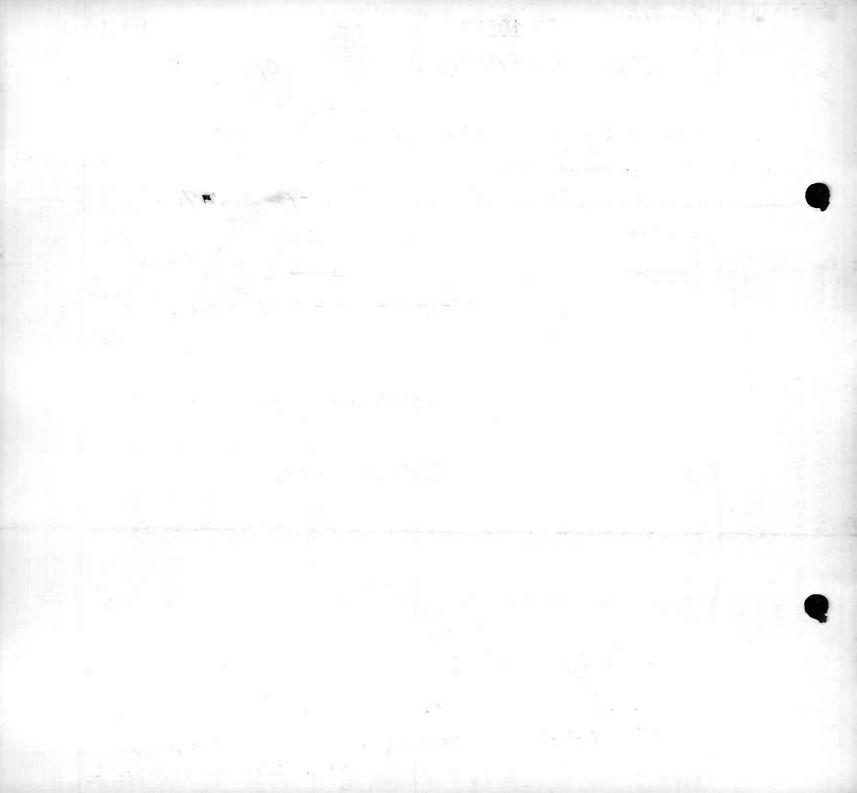
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FUNERAL DIRECTOR: IMPORTANT

1		BALTIMORE CITY	HEALTH DEPARTMENT	0	0 40500		
1	-360 69 105	OSO CERTIFICA	TE OF DEATH	REG. NO.	9 10596		
BIR	TH NO.	CERTIFICA					
	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	,30		
	6 harles	1. Floyd	loct.	274 69	6 AM.		
3, 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institu TY	tion; residence before admission)		
	II NAME OF SECTION IN HOSPITAL OR IN		m. R.		18/12		
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY HARTS?		
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1	vale white widow	VED DIVORCED	nov. 23 1890	78			
TOA	USUAL OCCUPATION (Give kind of work 108, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country) 1:	2. CITIZEN OF WHAT COUNTRY?		
den	during most of working life even if retired)	- fo	12 d	0	21 0 1		
1/10	artinante Man Jan	laurany	(Res. Re	-0.	4. D. H.		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE `			
1	Select Thousand		all a da				
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
{Yes	s, no or unknown) (If yes, give wor or dates of servi	ce) SECURITY NO.	0 , 91		2 . P . It.		
	NO -	212-07-9189	Goeth Sno	TE-1243	W. Lombard		
	18. 4. 5741	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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	iniury ar camplication which caused death.)						
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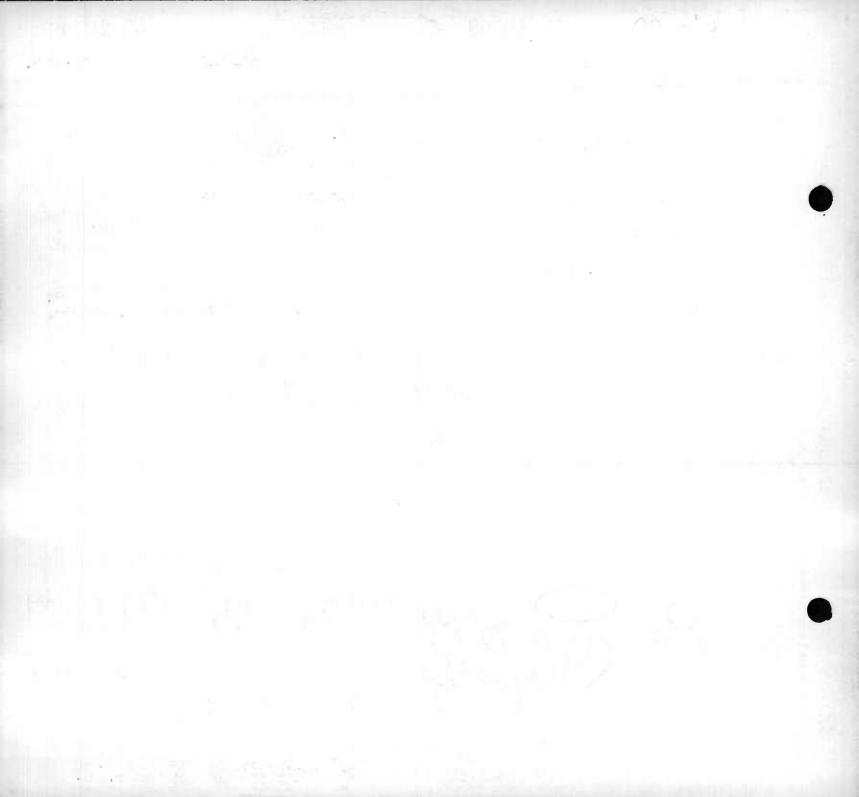




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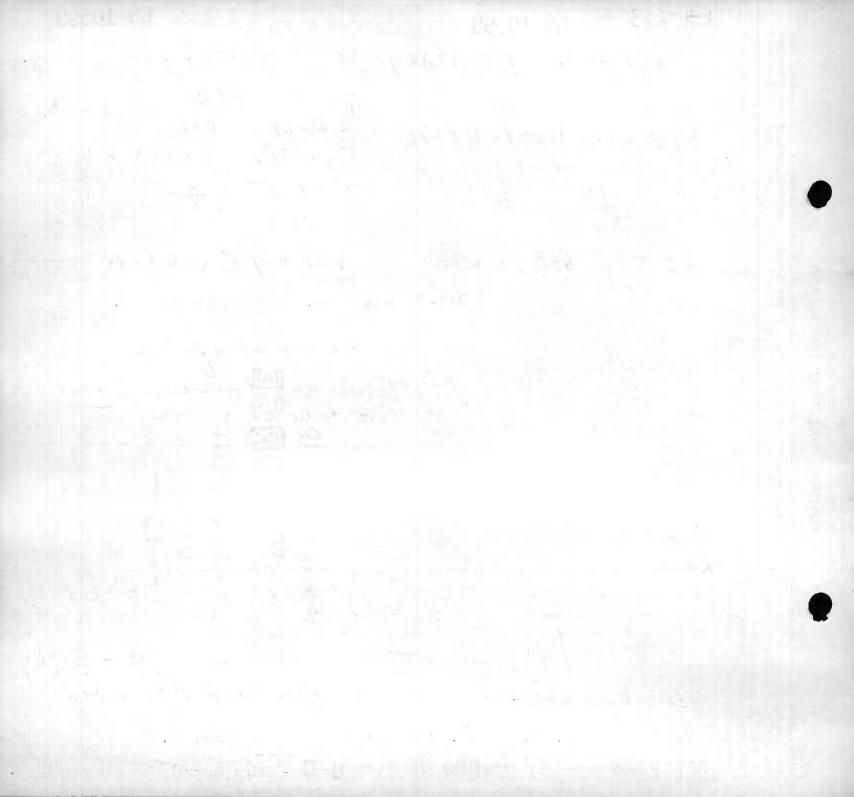
FUNERAL DIRECTOR:

C - 60	6 9	1059	8 CERTIFICA	HEALTH DEPARTMENT	X REG. NO	69 10598		
1. NAME OF DE	NEAL CARR				AND HOUR OF DEAT	H 12:00 P		
3. PLACE IN BA	(IF NOT IN HOSPIT ADDRESS OR LOC	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	There deceased lived. If	institution: residence before odmiss			
37	MERCY HOSPIT	TAL		MT . AIRY E. STREET AND NUMBER 7 FREDERICK		YES NO		
5. SEX MALE	6. RACE WHITE	WIDOWED	NEVER MARRIED A	8. DATE OF BIRTH 7-31-57	9. AGE (In years lost birthday)	if Under 1 Yr. if Under 24 Months Days Hours Min		
done during most o	Chairing itte' avait it tailted!	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for MAINE	oreign country!	12. CITIZEN OF WHAT COUN		
	NNETH E. CARR	<u> </u>		14. MOTHER'S MAIDEN N WILMA GLASS	AME			
15. Wos Deceose (Yes, no or unknow	d Ever in U. S. Armed For	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Kenneth E. Car	n 7 Fradani	ADDRESS Md. ck Ave. Mt Airy,		
DISEASES of the UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION fast.	slating the	(8) Med U DUE TO, OR AS	11061ASTON A CONSEQUENCE OF:	1 A	ZYCARS		
DISEASE OR C	FIGANT CONDITIONS CONTINUED TO THE BUT NOT RELATED TO THE ONDITION GIVEN IN PART OPERATION 198. CONTINUED TO THE ONE OF T	E TERMINAL 1 (A), DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	lo) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIBI	TING CAUSE OF medical examines	(Hour) 21 E.	, tarm, toctory, street, offi	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?		re City, give exoct location)		
22. Leartify that (1) (we)	22. Corrify that (1) (this hospital) extended the deceased from 190 to 190 to 190 that (1) (we) lost sow the deceased above (1) (We) (did) (did not) view the body after death.							
230 BHYSICIA NAME, IT COLV	MATION, 124B. DATE	DY NO	DEGREE AHen Phys.	D. ADDRESS MERCY	Shaff Phys. A	23B. DATE SIGNED + 69		
Burial	10 27 1		int Marys Ceme		lver Run	Maryland		
OCT OC	1969 Paber 8	3 Jabel	KA O O	Thomas D. Fle	tcher West	Main Stants minster. Md.		



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



5-567 LAY UN 69 10600 CERTIFICA	TE OF DEATH REG. NO. 69 10600 +
NAME OF DECEASED YPE OF Print STRINE, BABY GIRL Kerri A	2. DATE AND HOUR OF DEATH
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived Il institution; residence before admission)
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. BALTIMORE COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS?
ST. AGNES HOSPITAL	BALTIMORE YES NO X
WILKENS & CATON AVENUES	E. STREET AND NUMBER
BALTIMORE, MARYLAND 21229	3706 SONGBIRD CIRCLE, LANSO OWNE
SEX 6. RACE 7. MARRIED NEVER MARRIED X WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lost birthdoy) I Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME	MARYLAND UNITED STATES
GEORGE D. STRINE	
	ROSE A. ZIELER
. Wos Deceased Ever in U. S. Armed Forces? es,no or unknown) (II yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS
	ST AGNES HOSPITAL, WILKENS&CATON AVENUE
DISEASE OR CONDITION DIRECTLY	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE ASPHIXIA NEONATORUM I how
	A CONSEQUENCE OF:
injury at camplication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
inse to the doaye cause (A) stoling the	
UNDERLYING CONDITION last, (C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	NO AA
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., increase) 21B. PLACE OF I	in or about 21 C. WHERE DID (If In Bollimore City, give exact location) INJURY OCCUR?
21D-TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While Work At Work	97-
22. I certify that (A) this hospital) attended the deceased fram	10/25/
that (X) (we) last saw the deceased alive an 10/25	
	The date
and haur and fram the causes stated abave. XIX (We) (ANX (did nat) v	
10000	anding Med. Stoff M
DEGREE Phy	s. Director Phys. A.
23C. PHYSICIAN'S NAME (Type) Jorge Gardia	23D. ADDRESS
MARNA DE CASTRO MD DEGREE	ST AGNES HOSP., BALTO., MD.
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (City, lown, or county) (Stote)
	T33)
Burial Oct. 28. 1969 Meadowridge A. DATE REC'D BY HEALTH DEPT. 1958 MANYE OF ALCOTRAR	Elkridge, Md.
DOT 29 1969 The See of Salvey The	G. Fruman Schwab 3512 Frederick Ave. Balto. Md.
	Frederick Ave. Balto.Md.

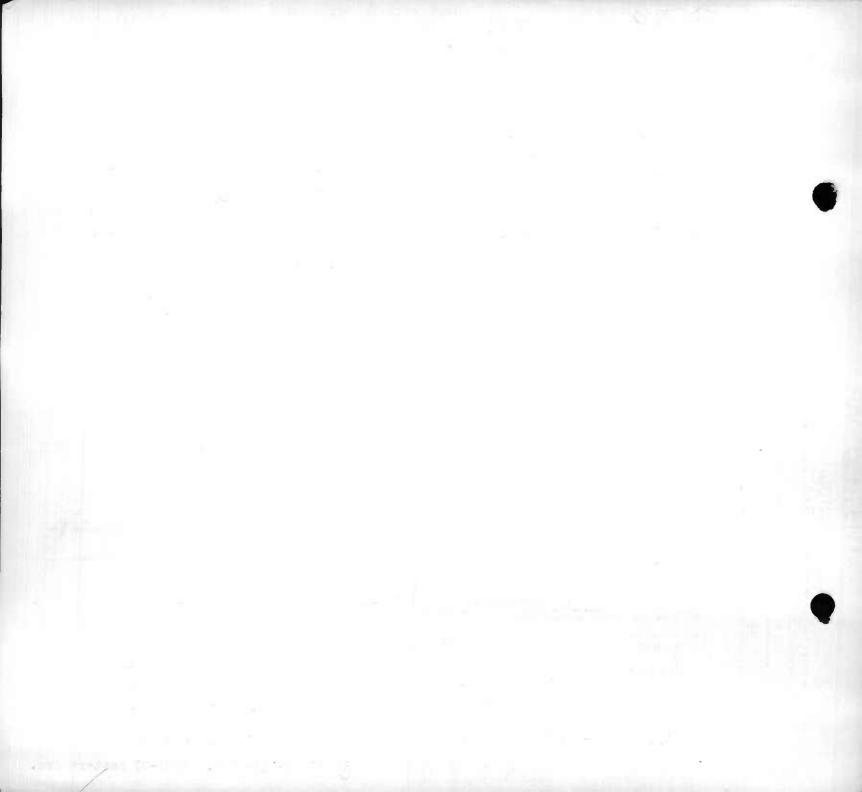
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	AME OF DECEASED	69 10601 6			2. DATE AND HOUR OF D		110
tiyp	e or Print) August	W. Schnepfe, Si	r.		October 26, 1		11301
FUL HO: INS	L NAME OF SPITAL OR ADDRESS OF	ND, WHERE PRONOUNCED HOSPITAL OR INSTITUTION, (LOCATION)		4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before adm A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore, 21228 E. STREET AND NUMBER P. USUAL RESIDENCE (Where deceosed lived, If institution: residence before adm D. INSIDE CITY LIMITS? YES NO			
41				3422 Fr	ederick Ave.		
S. SI	Male 6. RACE White White	7- MARRIED X NEV WIDOWED of work 108 KIND OF BUSINE	DIVORCED	June 3, 1	880 tost birthdoyl	Month:	der 1 Yr. If Under 2 s Doys Hours A
	during most of working life, even if				re county		U.S.A.
13, F	ATHER'S NAME	*		14. MOTHER'S M	ALIDEN NAME		
	John W. Schney	ofe		Katheri	ne Schnaeger		
	Nas Deceased Ever in U. S. Am, na ar unknown) (If yes, give war	ar dates of service) 1 6. SOC	HAL CURITY NO. 38-9268A	17. INFORMANT		chnepfe,	1811 Reuter , Md. 21093
CERTIFICATION	9 34 69 W. 21A. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE	AS CONTRIBUTING D TO THE TERMINAL IN PART 1 (A). CONDITION FOR WHICH, CAS PERFORMED Security VING 218, PLACE home, form,	(B) DUE TO, OR AS (C) LL COLL (C) LL COLL	Jangrey M Jangrey 109 20A. AUTOPSY 100 obout 21C. Wh	? (Yes or No) 20B. IF YES, IN CERTIFYIN	WERE FINDING	S CONSIDERED DEATH?
MEDIC	DEATH (notify medical examiner 21D.TIME (Month) (Day) OF INJURY (APPROX.)		Not While		W DID INJURY OCCUR?		
	22. I certify that (I) (this had that (I) (we) lost sow the do ond hour and from the coust 23A. SIGNATURE ELICATION 23C. PHYSICIAN'S NAME (Type) E. W.	espital) attended the dece	did) (did not) v	nding Me Dir		opinion de	ATE SIGNED
١.	BURIAL CREMATION, 24B. D	ATE 24C. NAME of	CEMETERY of CRE	MATORY	Woodlawn, Ma	(City, town,	
	. DATE REC'D BY HEALTH DEP			25C. FUNERA		0	ADDRESS

. Chip W. In care the of the state of

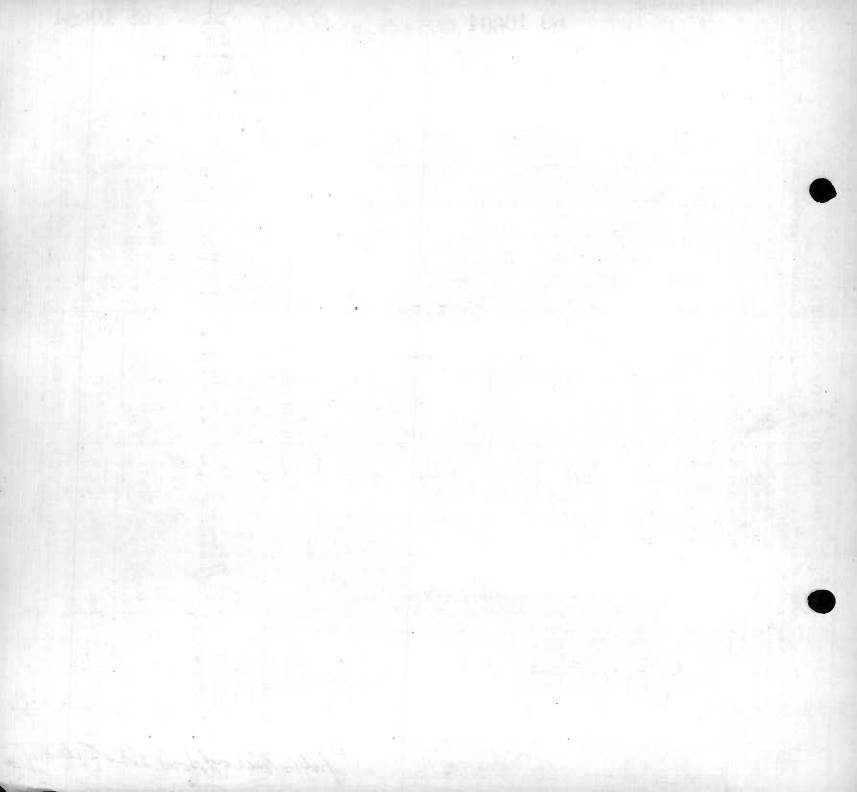
		M-360 69 10002 CERTIFICATE OF REALTH X REG NO 69 10002
	2002	BIRTH NO. 69 10602 CERTIFICATE OF DEATH X REG. NO. 69 10602
	pital and of death Deceased to the ath. Such ath.	1. NAME OF DECEASED MOUTER.
	de de on on s. S.	MOTTER, JOHN WILLIAM OCTOBER 25, 1969 6:25 A
	hospital ise of d (5) Dece ance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) A. STATE B. COUNTY
	hospi ise o (5) D ance deat	
	auso auso e; (5 ndai	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
	2020	ST AGNES HOSPITAL JESSUP
	ting d cat r att prior	CATON & WILKEN'S AVENUES E. STREET AND NUMBER
	ar ar de.	BALTIMORE, MARYLAND 21229 BOX 297
	32 5 5 5 6	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthday) 11 Under 1 Yr. Il Under 24 Hrs. 10st birthday) 12 Menths; Doys ; Hours ; Min.
	occu ontri ermi regu regu is m	WITH WIDOWED DIVORCED
	0 0 - 6	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if refired)
	or nde de d	GROOM Race Horses MISSISSIPPI U.S.A.
	de cas	13. FATHER'S NAME
 -	nt if death direct or c !; (4) Under th was in on the deco	Albert Lee Mooter Ethel ?
Z	stant ind; ind; eath e on al di	
Z .	the the kind kind deat	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT LKENS AVES, BALTO MD 21229
K	M de - 0 0 '	10 263-48-92/8 ST AGNES HOSPITAL RECORDS CATON &
IMPORTANT	S E DE	AFFROMANTAL INTERVAL
Σ	Also, e of of other of the othe	LEADING TO DEATH
_		(This does not meen the mode of dying, e.g., heart failure, asthenia, etc., it means the disease,
OR .	miner. fractu o pro gular emba	
ב		ANTECEDENT CAUSES ANTECEDENT CAUSES ARECTE Auten septal MI
Ö	xan xan () A wh wh are	DISEASES OR CONDITIONS, if any, giving is to the obove cause (A) stoling the
DIRE.	~ A (7) _ E	UNDERLYING CONDITION last. (c) A. Seut
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4	E . 75 = 5	6 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
H	Sign of a	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UNER	by a m by a m 2) Body re the p physicia fore the	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 208 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2	the class of the c	(II In Bollimere City, give exoci locolion)
	くち ひとうひ 川	DEATH (netify medical exemines) DEATH (netify medical exemines) DEATH (netify medical exemines) Property (Month) (Doy) (Your) (Hour) 21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR? While As The While The Property of the Month of the Mon
	d 2 × c b	21D.TIME (Month) (Doy) (Your (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	proved by the hospi iny nature except w and (6) h	(APPROX.) While At Not While At Work
	the ny exc	22. I certify that (M(this hospital) attended the deceased from OCTOBER 6 1969 to OCTOBER 25 1969
	00000	that (K (we) last saw the deceased alive an OCTOBER 25 19.69 and that in (An) (aur) apinion death accurred an the date
	8 국 O 호 독 분	and haur and from the causes stated above. (1) (We) (dld) (Not not) view the bady after death.
	dent deat deat must	23A. SIGNATURE 23B. DATE SIGNED
	7 6 2 7 7 1	Allesanche Carepeo Con Attending Med. Stoff D
	a d d d d d d d d d d d d d d d d d d d	23 C. PHYSI CVA NES
•	An A	NAME Type ALEIN MI) Stages Hozestal Cotors wilken ares
	This certificate m the body was relishows: (1) An acci was D.O.A. at a f deceased prior to written approval	24A. BURIAL CREMATION, 24B. DATE 24C.NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	This cert the body shows: (1 was D.O decease written	
	This co the bo shows: was D. deceas	Burial 28 OCT 69 Inraine Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25CC FUNERAL DIRECTOR ADDRESS
	This the back was dece writh	OCT 29 1969 Paled & Nader, M.D. 9 1 J. E. Jowe M. Lemmon 4611 Park Heights Ave.
	1	VS 150-REV. 1/1/68

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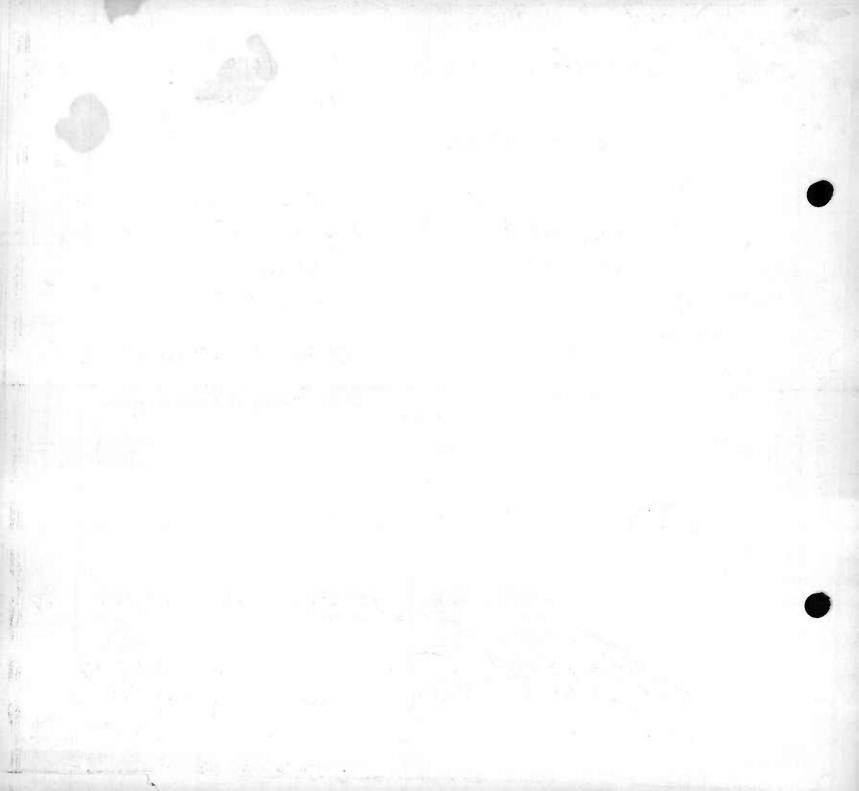


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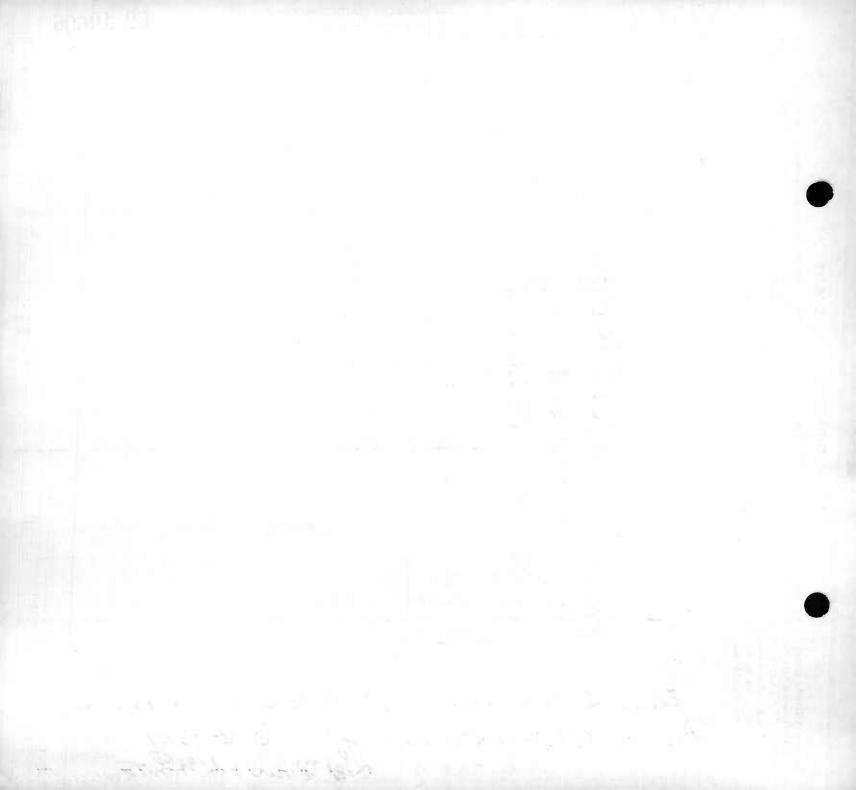
Florence M.		2. DATE A	NO HOUR OF DEATH October 27	69 10604
MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If i	
NOT IN HOSPITAL OR IN		A. STATE B. COUN	NTY	institution: residence before admissi
3302 Cedarh	nurst Road 14	C. CITY OR TOWN Baltimore M. E. STREET AND NUMBER	D. 1N	SIDE CITY LIMITS? YES NO NO
		E. STREET AND THOMBER		
EX 6. RACE 7- MARRIED NEVER MARRIED			9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
		Jan.1,1891	78	
	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUN
	ne	Baltimore md.		
		14. MOTHER'S MAIDEN NA		
.Frank		Louise	Engelhardt	
	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		A Mag Manager	+ Fradanial	k.3302 Cearhurs
rise to the obove cause (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION				FINDINGS CONSIDERED
			IN CERTIFFING CA	AUSES OF DEATH?
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tance on	\supset	2521 5 600	Sacra Jan	Polo 10 201
1626126	DEGREES OF CEMETERY OF CRE	25 × C 5 CQ0 EMATORY 24D. 1	Spring hos	City, town, or county) (Stote
248. DATE 24	DEGREE	25 > C 5 COO	Balto, Md	
	Anite (Give kind of work 10B, KIN 10B, even if refired) (Give kind of work 10B, KIN 10B, even if refired) (Frank J. S. Armed Forces? give wor or dotes of serv PO ONDITION DIRECTLY G TO DEATH the made of dying, , etc. It means the disc which caused death, DENT CAUSES DITIONS, if any, gi cause (A) stating HITION last. II ONDITIONS CONTRIBUTI ON TRELATED TO THE TERMIN ON 198. CONDITION I WAS PERFORMED UNDERLYING CAUSE OF exominer) (Doy) (Yeor) (Hour) (this hospital) attends w the deceosed alive	Anite Never Married Never Married	A A A A A A A A A A	A SECURITY NO. SE



VS 150-REV. 1/1/68



0-9	27		BALTIMORE CIT	Y HEALTH DEPA	RTMENT		60	10000
BIRTH NO.	6	9 10	606 CERTIFICA	TE OF D	EATH	REG. NO	03	10606
1. NAME OF	DECEASED					D HOUR OF DEATH	1	
	Mufus J	. 0	wens		1	0-22-69		6 15 p
3. PLACE IN	SALTIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	4. USUAL RESI	DENCE (When	e deceased lived. If	institution; re	sidence before admission
FULL NAME HOSPITAL OR NSTITUTION	OF (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INS	STITUTION, GIVE STREET	md.	WN	D. IN	SIDE CITY LIF	2201
South	Baltimore ()-cnevo	1 Hospital		more		YES 🖳	
43				E. STREET AND		Yanover	St	reet
. SEX	6. RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIR		9. AGE (In years	If Under	1 Yr. If Under 24 Hrs Doys Hours Min.
Male	negro	WIDOW		5/10,	110	59	Monins	Doys Hours Min.
DA, USUAL O	CCUPATION (Give kind of wo t of working life, even if retired)	1 108 KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	IStole or forei	gn country)	12. CITIZ	EN OF WHAT COUNTE
Janitor	1.50		7	Virg	Inta		1	IS.
3. FATHER'S	NAME			14. MOTHER'S	MAIDEN NAA	ΛE		(0)
Po	iul Ower	18		Mar	ry 5	avage		
Wes Decoo	sod Ever in U. S. Armed Fo	ices?	1 6. SOCIAL	17. INFORMANT	•	0		ADDRESS
	own) (It yes, give was or dat	es of servic	e) SECURITY NO.			riscoe		S. Hanever Se
18.			CAUSE OF DEAT	Levi	در ال	715 60 €	700	APPROXIMATE INTERVAL
DISEASES rise to UNDERLY	LEADING TO DEATH s nat mean the made of rie, astheria, etc. It mean. complication which caused ANTECEDENT CAUSE: OR CONDITIONS, it the abave cause (A) ING CONDITION last.	d dying, es the disea death.i	(B) Brown of the Co.	A CONSEQUENCE	OF:	caxcinome		
CIDISEASE OF	EATH BUT NOT RELATED TO RECONDITION GIVEN IN PARTIES OF OPERATION 198. CON	THE TERMINA	AL	20 A. AUTOPS	Y? IYes or No	208. IF YES, WERE	FINDINGS	CONSIDERED
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21D.TIME OF INJURY	(Month) (Day) 1Year)	(Hour) 2	IL INJURY OCCURRED	- 21 F. HC	DW DID INJU	IRY OCCUR?		
(APPROX.)	**************************************		While At At Work	• 🗖				
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-	•		10-23			t ju (my) (aur) ap	Inian death	accurred on the do
23A, SIGNA		ted abave.	(1) (We) (did) (did nat) v	iew the bady a	fter death.			
Son .	4 1	12	m. D. Atte	nding M	ed. 🗀 :	- P	23 B. DATE	SIGNED
	enor of CV	oon	DEGREE	Di	rector L i	hys.	10	22-69
23C. PHYSIC	(Type)			23D, ADDRESS	11 11	C	11	
Cl	ean & n	von	me - DEGRAM	to sal	the Tes	rual &	tess	Vac
REMOVAL	REMATION, 248. DATE	24C.	NAME of CEMETERY of CRI	MATORY	24D, LO	CATION IC	ity, town, or	countyl (State)
Du	uar 10/27	1691	nt aulren	et	0	el Ed	21	
DATE REC	1000 P. R. A E	258 NAM	E OF REGISTRAR	25C FUNERA	L DIRECTOR	111080	W-	ADDRESS
S 160-PEV 1	11/60	A British of the	7.454.7 (7	The state of the s	nous	I AM M	myor	releas !



69 10607 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH 69 BIRTH NO. NAME OF DECEASED 2. DATE Known X Dov Hour Month Year (Type or Print) OF 10 20 69 1:05 P Estimoted Bernetta Bunton DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 10 20 69 1:05 P.M HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY A. STATE 477 Oxford Court Maryland 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS 6, SEX 8. MARRIED NEVER MARRIED Female WIDOWED Negro DIVORCED __ Baltimore YES X NO 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER lost birthdoy) Months | Doys | Hours | Min. 68 477 Oxford Court 12, CITIZEN OF 13. FATHER'S NAME 11. BIRTHPLACE (Stote or foreign country) WHAT COUNTRY? & a 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) 16. WAS DECEASED EVER IN V.S. ARMED FORCES?
(Yes, no or unknown) ((if yes, give war or dotes of service) 17. SOCIAL SECURITY NO. ADDRESS 18. INFORMANT APPROXIMATE INTERVAL CAUSE OF DEATH ETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) **ANTECEDENT CAUSES** (B)______DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)_ O CERTIFICATI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 21. AUTOPSY? (Yes or No) 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? 22A. **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH 22D. TIME (Month) (Doy) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. I certify that I held on Inquiry and that on this basis, death In my apinlan Inspection 3 Autopsy Homicide __ resulted from: Notural couses K Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER M.D SIGNATURE. ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** 10-20-69 NAME (Type) Fisher M.D. Russell S 24D. LOCATION 24A, BURIAL CREMATION, 24B. DATE (City, town, or county) REMOVAL (Specify)

VS 151-REV. 1/1/68

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258 NAME OF REGISTRAR

5 212L

ADDRESS

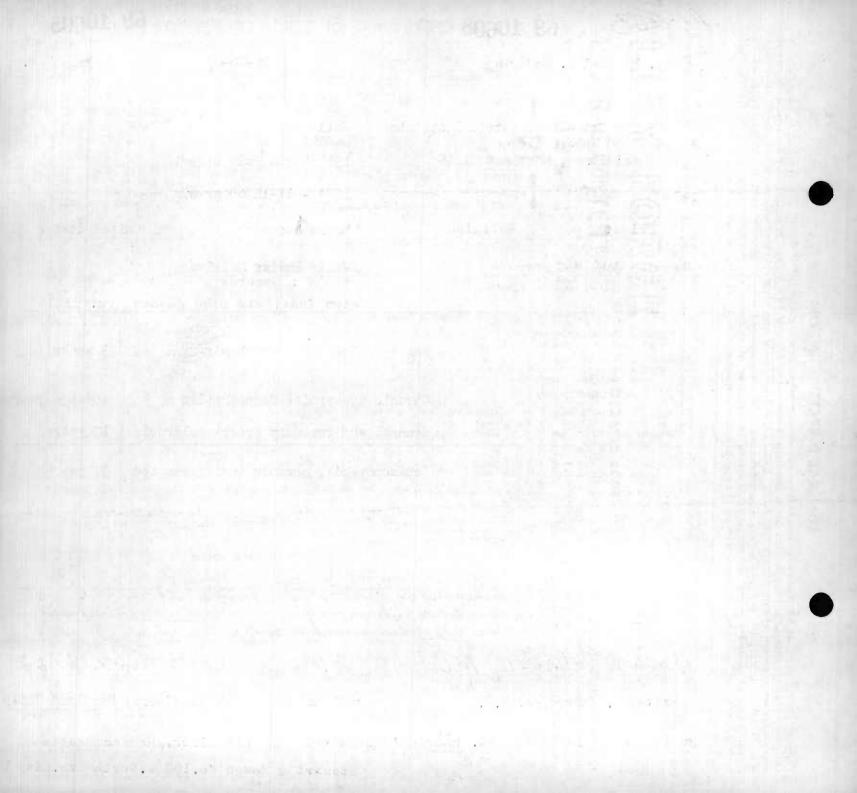
SC. FUNERAL DIRECTOR

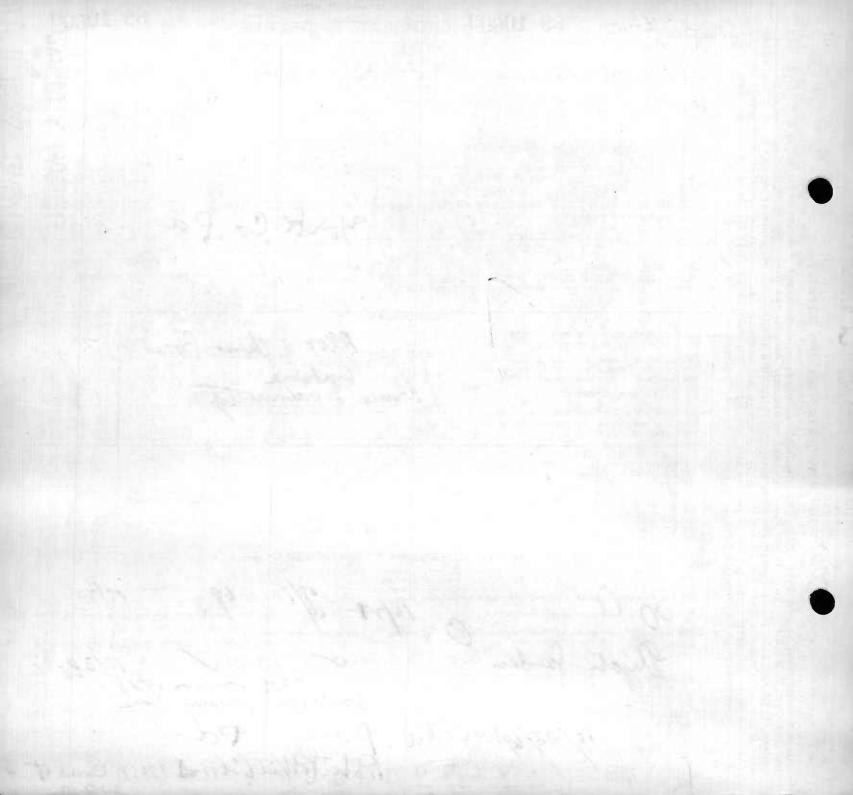
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M-26	2 00	4000		HEALTH DEPARTMEN	Υ	69	10000
BIRTH NO.	- ()0	1060	8 CERTIFICA		П ′ ,		10000
Type of Print)	Michael V. Mo	Canther			10-26-69		2-1.5 P
	MICHAEL V. MC		INCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If i	institution:	residence before odmission)
					COUNTY	1/	10
ULL NAME OF	ADDRESS OR LOCA	AL OR INSTITU ATION)	ITION, GIVE STREET	Massachuse		SIDE CITY I	- / X
NOITUTITE	The Seton Psy	chiatri	Institute	Fall River		YES	No
19	6400 Wabash A			E. STREET AND NUME	BER		
1/	Baltimore, Ma	ryland :	21215	1598 South	Main Street		
SEX	6. RACE	7. MARRIED	NEVER MARRIED X	8. DATE OF SIRTH	9. AGE (In years lost birthday)	If Und	er 1 Yr. If Under 24 Hrs. Days Hours Min.
Male	White	WIDOWED [14 68 maxxxxx		
	UPATION (Give kind of work working life, even if retired)	k 108. KIND OF	BUSINESS OR INDUSTRY	11. 8IRTHPLACE (State of	r fareign country)	12. CIT	IZEN OF WHAT COUNTRY
Pr	ies	Relig	ion	Massachuse	tts	Uni	ited States
FATHER'S NA	ME		Tree land	14. MOTHER'S MAIDEN	NAME		THE MINISTER
Jeremia	h John McCart	hy		Julia Sork	if Sullivan		
. Wos Deceases	Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT : R			ADDRESS
				Seton Insti	tute 6400 Wah	ash	Ave. 21215
18. Luf. /	0.91		CAUSE OF DEATI			34.0 4.1	APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY		O		45.5	2
(This does	not meon the mode of	dying, e.g.,	(A) IMMEDIATE CAU	se Coronary Th	rombosis		3 weeks
	osthenio, etc. It meons		DOE 10, OR AS	- CONSEQUENCE OF			
injuly of col	ANTECEDENT CAUSES						
DISEASES	OR CONDITIONS, if		(B) Unronic	myocardial d	egeneration		about 6 year
rise to Ih	e obove couse (A)				arterioscler	o et e	10 years
UNDERLIIN	G CONDITION lost.		(c) delier ar	and coronary		OSTS	TO Legio
OTHER SIGNI	II FICANT CONDITIONS CO	NTRIBUTING			type		0.0
DISEASE OR	TH BUT NOT RELATED TO T		Schizop	arenia, chron	ic indifferen	ated	37 years
	F OPERATION 198. CON WAS PER	IDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDING:	CONSIDERED DEATH?
U	NT WAS UNDERLYING	7 21R	PLACE OF INJURY (e.g., i	n or about 21 C. WHERE D	ID (If to Rolling	re City of	ve exact lacation)
OR CONTRIB	UTING CAUSE OF	hom etc.)	e, form, foctory, street, of	fice bldg., INJURY OCCL	JR?	city, gi	CAUCI IOCOI(UII)
21 D. TIME	(Month) (Day) (Year)		INJURY OCCURRED	215 How 51	D INJURY OCCUR?		
OF INJURY	(ividiliti) (bdy) (rean		le At Not Whil		MAJORY OCCUR!		
(APPROX.)	(APPROX.) Work At Work						
22. I certify	that (1) (this haspito	l) ottended th	e deceased fram.	ay 3.	1933 to 00	tover	X6, 1969
that (1) (we) lost saw the decease	ed alive on	October 26	19.69 a	nd that in(my) (our) ap	inlan dec	oth accurred on the do
and hour an	d fram the causes sta	ted abave. (1) (<u>We) (did)</u> (did nat) v	iew the bady after de	ath.		
23A. SIGNATI			4. 0	1		23B. DA	TE SIGNED
Walter Valure Is M.O., DEGREE Phys. Attending Fr Med. Staff Octo							over 27,69
23C. PHYSICIA		/		23D. ADDRESS			
	er C. Jahrreis	ss. M.D.		61,00 Wahash	Avenue, Balti	more.	Maryland 2121
4A. SURIAL CRI	MATION, 248. DATE		ME of CEMETERY of CRI				or county) (State)
REMOVAL		100 0:	20 1				
Burial SA. DATE REC'D	10/29	258. NAME O	Patrick's	25C. FUNERAL DIRE	Fall River,	Mass	achusetts ADDRESS
CT 29 19	69 Reces E.	Jauben, N	D .		Mowen Co.108		
S 150-REV. 1/1/		1 9 6	900	DENET VA	THOMET CO. TOO	11 2 21 0	
		-		100	THE STATE OF THE S		

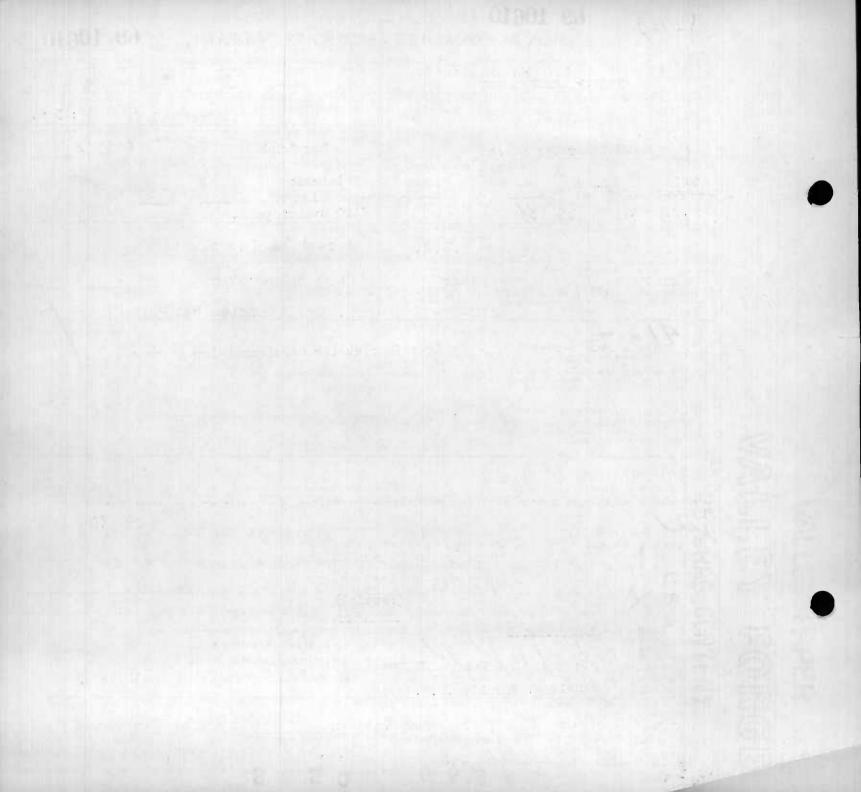




1-142 69 10610 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH PEG NO	69	1. 1

MEDICAL EXAMINER'S CERTIFICATE OF	DEATH REG. NO. 69 10610
BIRTH NO.	REG. NO.
I. NAME OF DECEASED EUGENE J. JABLKOWSKI Control of DEATH EUGENE ZABLKOWSKI 2. DATE OF DEATH Estimated Estimated	Month Day Year Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE	Month Doy Year Hour
	October 28,1969 10:45 A.M. e deceosed lived. If institution: residence before odmission)
2120 Cambridge Street Maryland	B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED Baltimore	YES NO
	123 23 140
12/30/09 10. AGE (In years H Under 1 Yr. H Under 24 Hrs. E. STREET AND NUMBER 12/30/09 19	Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	beleet
Maryland WHAI COUNTRY? Joseph Jab.	lkowski
Mary Land U.S.A. Joseph Jab. 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NA	
done during most of working life, even if retired)	
Laborer Newspaper Mary Balce: 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	
Yes WW 11 212-09-1654 Mrs. Mary Adai	mkiewicz, 3560 Elmora Ave 1
CAUSE OF DEATH	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosclerotic Cardio	vascular Disease
(A)IMMEDIATE CAUSE	
heort foilure, osthenio, etc. It means the disease,	
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
LINDERLYING CONDITION LAST	
\\\ \/ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	yes (Partial)
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID	
Q UNDERLYING TOR CONTRIB. home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID IN	JURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
23. m. WORK AT WORK [Partial)	
	this bosis, death in my opinion
resulted from: Natural causes X Accident Suicide Homicide	Undetermined monner
ACTUAL CHIEF MEDICAL ACCUSTANT MEDICAL	DATE SIGNED
SIGNATURE MID. ASSISTANT MEDICAL	
EXAMINER'S ASSOCIATE MEDICAL	EXAMINER 10/29/69
NAME (Type) Ronald N. Kornblum, M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D.	LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
Burial 10/31/69 Baltimore National B	altimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECT	
4	
OCT 29 1969 Police & Jabon M. F. SADOWS	KI & SONS, 1808 EASTERN AVE



1	RAI TIMOPE CIT	TY HEALTH DEPARTMENT
1	11 00 10 11	/13 /01
5	1// 1 · 2 ()/ (L) (A	ATE OF DEATH REG. No. 69 10611
7	T. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
:	THOMAS BLAKE REDA REC	
3		4. USUAL RESIDENCE (Where deceased lived, II institution: residence belose admission) A. STATE B. COUNTY
5	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 2644
2 , /	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
54	Old Can Handira	E. STREET AND NUMBER
0	Md. Gen HOSPITAL	5018 Denview Way 21206
made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
E SI	MAIC WILL WIDOWED DIVORCED	Months Days Hours Min.
	IDA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
disposition	Infant	NO DY ALID
osi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sp	ANTHONY ThOMAS KEDA	Karuse 1 1 11 2
Р	15. Was Deceased From in 11 S Annual France	17. INFORMANT ADDRESS
final	SECURITY NO.	755723
r fi	NONE CAUSE OF DEAT	Mr. Anthony T. Reda, 5018 Denview Way
0	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
per	LEADING TO DEATH	M141. f + 1201
alm	(A)MMEDIATE CA DUE TO, OR AS (A)MMEDIATE CA DUE TO, OR AS	A CONSEQUENCE OF:
mp	injury or complication which coused death.)	
0	ANTECEDENT CAUSES	at writer 1261
are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
	ise to the above couse (A) stating the UNDERLYING CONDITION tast.	enta Previa + Lyinnin 29h
remains		
10	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
0	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
=	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before the	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, o	
Sef	1 > 1 PEATO (notify medical examined) [etc.)	in or obout 21 G. WHERE DID (If in Bollimore City, give exact location)
	Q 21D-TIME (Month) (Day) (Year) (Hour) 215 (MILIPY OCCUPAND)	DIE LOW - LO
E I	(APPROX.) While AI Not While AI Not While AI Work	21F. HOW DID INJURY OCCUR?
otained	THE THE TAX TO A	
ا ا	22. I certify that (I) (this hospital) attended the deceosed from 2	
pe	that (1) (we) last sow the deceased alive on 280 x	19 oct and that in (my) (**) opinion deoth occurred on the date
ust	ond hour ond from the causes stoted abave. (1) (Wm) (did) (did-not) \	riew the bady ofter death.
Ē		anding Med. Staff C
, a	DECORE 117	s. Director Phys. 1280x67.
0	NAME tryper	23D. ADDRESS
written approval must	John F. Cadden, Jr. DEGREE 24A- BURIAL CREMATION, 1248, DATE 124C. NAME of CEMETERY of CREMETERY OF CREMET	Maryland Genaral Hospital
מט	REMOVAL (Specify)	
110	Burial 10/29/69 Holy Rosary	Baltimore, Maryland
Ę	The state of Redistrant	25C. FUNERAL DIRECTOR M. F. SADOWSKI & SONS, 1808 EASTERN AVE
	OCT 29 1969 Robert E. Jarbey M.A. C.	A P A C DOND, TOOU EMPLEMI AVE

410/E White white

	NAME OF DECEASED	IER'S CERTIFICATE OF DEATH REG	- 20117			
	pe or Print) MAMTE JOHNS	OF 5 10 22 60	y Yeor Hour			
4. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	DEATH	v Yeor Hour			
FUL	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE	DRONIOUNICED DEAD				
OR	SPITAL ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceased lived. If ins				
		DOA) A. STATE Maryland B. COU	NTY 704			
	SEX 7. RACE B. MARRIED NEVER MA Female Negro WIDOWED DIVE	ARRIED C. CITY OR TOWN ORCED Baltimore	YES X NO			
9. D	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Un Months; Doys; Ho	nder 24 Hrs. E. STREET AND NUMBER	1.5 2 110 2			
10	5-34-1894 73	1730 Ashland Aven	ue			
11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT	13. FATHER'S NAME				
1	salle med Mids	4. Ummone				
	A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OF the during most of working life, even if retired)	RINDUSTRY 15. MOTHER'S MAIDEN NAME				
	Kelinet	unknow				
16. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL s, no or unknown) (If yes, give was or doles of service) SECURIT		ADDRESS			
	no 218-10.	-6529 addel Scott &	and			
	19. CAUS	SE OF DEATH	APPROXIMATE INT			
	DISEASE OR CONDITION DIRECTLY	Hypertensive cardiovascular d				
	LEADING TO DEATH (A)IMMEDIATE CAUSE					
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,					
	injury or complication which coused death.)					
	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
Z	(C)					
Ĕ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
<u>S</u>	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
<u> </u>	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPER	DATIONI WAS DEDECOMED	21. AUTOPSY? (Yes or			
1	DATE OF OPERATION 200. CONDITION FOR WHICH OPER	KATION WAS FERFORMED	ZI. AUTOPSY? (Tes of			
CERT						
2		Too week	No			
CAL	22A. EXTERNAL CAUSE WAS 22B. PLACE OF IN	NJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, g., street, office bldg., etc.) INJURY OCCUR?				
EDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	r, street, office bldg., etc.) INJURY OCCUR?				
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY O	r, street, office bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR?				
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OF INJURY	occurred NOT WHILE				
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY O OF INJURY	r, street, office bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR?				
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OF INJURY (APPROX.) 23.	occurred NOT WHILE	ive exact location)			
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF INJURY (APPROX.) 22B. PLACE OF IN home, form, foctory, while at me, form, foctory, the control of the	occurred 22F. How DID INJURY OCCUR?	in my apinion			
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OF INJURY (APPROX.) 23.	Autapsy and that an this basis, death Suicide Homicide Undetermined ma	in my apinian			
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection resulted fram: Natural causes X ACTUAL	Suicide Homicide Undetermined ma	ive exoct location)			
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection resulted fram: Natural causes X Agaident Actual SIGNATURE	Suicide Homicide Undetermined ma CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 12F. HOW DID INJURY OCCUR?	in my apinian nner DATE SIGN			
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY (APPROX.) 1 certify that I held an Inquiry Inspection resulted fram: Natural causes X Agaident ACTUAL SIGNATURE EXAMINER'S Charles S. Springate,	Suicide Homicide Undetermined ma CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 12F. HOW DID INJURY OCCUR?	in my apinian nner DATE SIGN			
MEDICAL	222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY (APPROX.) 1 certify that I held an Inquiry Inspection resulted fram: Natural causes X Agaident ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22B.PLACE OF IN home, form, foctory, WHILE AT WORK Activate 1 Inspection Activate EXAMINER'S NAME (Type)	Suicide Homicide Undetermined ma CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	in my apinian nner DATE SIGN October 23, 196			
MEDICAL	222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY (APPROX.) 1 certify that I held an Inquiry Inspection resulted fram: Natural causes X Agaident ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22B.PLACE OF IN home, form, foctory, WHILE AT WORK Activate 1 Inspection Activate EXAMINER'S NAME (Type)	Suicide Homicide Undetermined ma CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	in my apinian nner DATE SIGN			
MEDICAL MEDICAL	222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Monih) (Doy) (Year) (Hour) OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection resulted fram: Natural causes Actual SIGNATURE EXAMINER'S NAME (Type) A. BURIAL CREMATION, 24B. DATE 22B. PLACE OF IN home, form, foctory, WHILE AT WORK This procedure Actual SIGNATURE EXAMINER'S NAME (Type) 24C. NAME of Causes 2	Suicide Homicide Undetermined ma CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	in my apinian nner DATE SIGN October 23, 196			
NEDICAL MEDICAL	222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Monih) (Doy) (Year) (Hour) OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection resulted fram: Natural causes Actual SIGNATURE EXAMINER'S NAME (Type) A. BURIAL CREMATION, 24B. DATE MOVAL (Specify) 22B. PLACE OF IN home, form, foctory, WHILE AT WORK The surface of the content of the c	Street, office bldg., etc.) INJURY OCCUR? CCURRED 22F. HOW DID INJURY OCCUR? NOT WHILE AT WORK 22F. HOW DID INJURY OCCUR? NOT WHILE AT WORK 22F. HOW DID INJURY OCCUR? NOT WHILE AT WORK 24D. LOCATION (CINCEMETERY OF CREMATORY 24D. LOCATION (CINCEMETERY OF C	in my apinlan nner DATE SIGN October 23, 196			

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0	BALTIMORE CITY	HEALTH DEPARTMENT		00 10 0
S-300 69 106	13 CERTIFICA	TE OF DEATH	REG. NO.	69 10613
Type or Print) HELEN SCOTT			ND HOUR OF DEATH 26, 1969	3:30 рм.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD		re deceased lived. If	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION	ASTITUTION, GIVE STREET	MARYLAND		ISIDE CITY LIMITS?
THE JOHNS HOPKINS	HOSPITAL	BALTIMORE		YES TO NO TO
3 BALTIMORE, MD 21	205	E. STREET AND NUMBER		
30		1227 E. E/	AGER STRE	ET
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
FEMALE NEGRO WIDO	WED DIVORCED	5-13-15	lost bishey	World State of the
10A, USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) 13. FATHER'S NAME		Ballin 14. MOTHER'S MAIDEN NA	ne j	ne USA
		REBECCA V	100000	
MAKEL OWENS	To a second		WATTS	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 11	ADDRESS
no		Vermon &	lot	Sank
18.2/00/2 N	CAUSE OF DEAT	H	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Pos	sible brain ster	m btroke	
LEADING TO DEATH (This does not meen the made of dying,	(A) IMMEDIATE CAL			
heart failure, asthenia, etc. It means the disc		A CONSEQUENCE OF:		
injury ar camplication which coused death.) ANTECEDENT CAUSES	Mal	ignant hyperten	sion	
		A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, gi	lhe			
UNDERLYING CONDITION last.	(c) Art	eriosclerotic v	ascular dis	sease
, II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF				
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No	208. IF YES WER	E FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED		NO	IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltim	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, larm, loctary, street, al	fice bldg., INJURY OCCUR?		
OF IN LIPY (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJ	ILLRY OCCUP?	
OF INJURY (APPROX.)	While At Not Whil	75000	OKI OCCOK.	
	Work At Work			
22. I certify that (I) (this beauty) attend			19 69 10 C	
that (1) (ast saw the deceased alive	on October 26	19_ <u>69</u> and th	iatin(my) (⊅©DÓD&)	pinion death occurred on the date
and hour and from the causes stated above	e. (I) (WW) (did) (dw/xi/www.v	iew the bady after death.		
23A. SIGNATURE				23 B. DATE SIGNED
n Frenchin Cedhein	M DEGREE Phy	nding Med. Director	Staff Phys.	Oct 26, 1969
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
N. FRANKLIN ADK	INSON, JR., M.D.	Johns Hopkin	s Hopkins,	Baltimore, Md.
	C. NAME of CEMETERY OF CRI	MATORY 24D. L	OCATION	City, town, or county) (Spote)
REMOVAL (Specify)	m/Sall-	u (bet	1/1/12	unto mix
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	2SC FUNERAL DIRECTOR	a cur	ADDRESS
DOT 20 1000 20 00 7	Quanta .	Allen MI	Illame 1.	Da Brantholle
VS 150-REV, 1/1/6B		3 gray gray	2000 41	Jul remininguil

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

FUNERAL DIRECTOR: IMPORTANT

M-450 CD	BALTIMORE CITY	HEALTH DEPARTMENT	0	0.404
BIRTH NO.	0614 CERTIFICA	TE OF DEATH	REG. NO.	9 10614
1. NAME OF DECEASED (Type or Print)	1216	2. DATE AN	D HOUR OF DEATH	110 40
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUN CED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. It institu	lion: residence belore admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)		M D C. CITY OR TOWN	Baltimore D. Inside	CITY 2102
Franklin Squate	Hospital	BalTIMOTE E. STREET AND NUMBER		s No 🗆
36		1.239 Bayo	rtd st.	
/V	WED DIVORCED	5-11-1900	lost birthdeyl	Under 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B. KINdone during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (Stote or lore	gn count(y) 12	CITIZEN OF WHAT COUNTRY
retited		RalTIM	up-e	USA
JULY HEATH MO	llock	4. MOTHER'S MAIDEN NA!	ME	
TS. Was Doceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of sen	ice) 16. SOCIAL SECURITY NO.	7. INFORMANT	£1	ADDRESS
1B. / 2	CAUSE OF DEATH	mile	Horence 1	nollink
DISEASE OR CONDITION DIRECTLY	CAUSE OF BEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAUSE	Brochesone	CARCIA ON	06
(This does not meen the mode of dying, heart failure, asthenia, etc. It means the disc	0.0	CONSEQUENCE OF:	Canada Cara Cara	
injury or complication which caused deoth.) ANTECEDENT CAUSES				
DISEASES OF COMPLETONS	ving DUE TO, OR AS A	CONSEQUENCE OF:	*****************	
rise to the abave cause (A) stoting UNDERLYING CONDITION last.	Ine	CONSEQUENCE OF:		
ONDEREING CONDITION last.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDI	NGS CONSIDERED
E O		20	IN CERTIFYING CAUSES	OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in chome, form, foctory, street, afficetc.)	or obout 21 C. WHERE DID e bldg., INJURY OCCUR?	(If In Boltimore City	, give exact location)
21D.TIME (Month) (Doyl (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
(APPROXI	While At Not While Work			
22. 1 certify that (1) (this haspital) attend	ed the deceased from	10-4	15 to 10 0	29 1965
that (1) (we) last saw the deceased alive	an	19and tha	t in(my) (aur) apinian	death accurred on the date
and have and from the causes stated abov	e. (1) (Wa) (did) (didinot) vie	w the bady after death.		un ine out
23A. SIGNATURE			23 B.	DATE SIGNED
mr Mickoric	M D DEGREE Phys.	Director L F	hys.	10-24-69
23C.PHYSICIAN'S NAME (Type)	230	ADDRESS .	1 0	D Quitten
24A. BURIAL CREMATION, 24B. DATE 24	DEGREE	1128 BUCKIF		12 12011 1011
REMOVAL (Specify)	C. NAME OF CEMETERY OF CREM	ATORY 24D. LO	CATION (City, toy	vn, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 125B. NA/	MILLES (DE MEGISTRAR	y W	helles 1.	NU
ART 9 9 1969 Pole E. Ja		25C. FUNERAL DIRECTOR	210	ADDRESS
/s 150-REV, 1/1/68		Charge (2)	streson	20149-



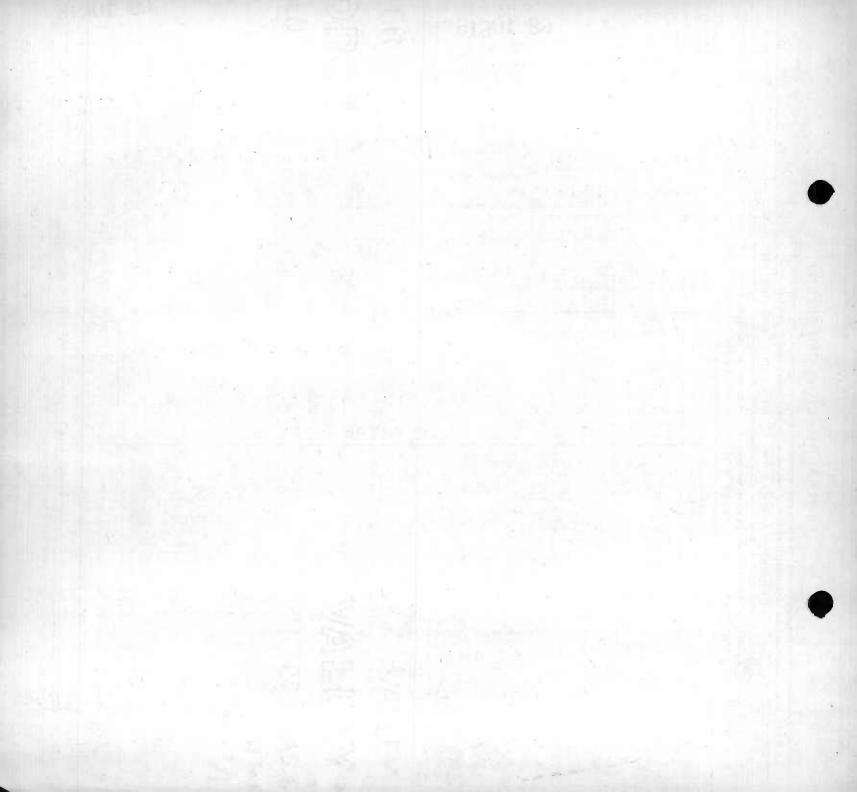
VS 151-REV. 1/1/6B

BIR	V-50	3	MEDI	061	15 B	AMINER'S	CER"	DEPAR TIFIC	CATE OF	DEAT	H REG. NO.	69	1061	5
1. 1	NAME OF DEC	EASED					2. D		Known 💽	Month	Day	Yeor	Hour	
(Typ	e or Print)	Nancy Kn	ight					OF EATH	Estimoted	10	26	69	2:03	P. M.
4. 1	PLACE IN BAL	TIMORE, MARYL	AND, W	HERE PR	RONOL	INCED DEAD	3. D	ATE		Month	Doy	Yeor	Hour	
FUL HO	L NAME OF	(IF NOT IN	HOSPITAL	OR INST	IOITUTIT	N, GIVE STREET	PF	RONOL	NCED DEAD	10	26	69	2:03	P. M.
OR	33	Johns Ho			pita	a1	5. US A. ST	ATE	SIDENCE (When	e deceased ti	ved. If institution: B. COUNTY	residence b	efore odmi	ssion)
6. 5	SEX	7. RACE	-		-	NEVER MARRIED	C. CI		TOWN		D. INSIDE CIT	TY LIMITS?	y M	
F	emale	Negro		WIDOW		DIVORCED		Ba1	timore		YE	s 🛪	NO 🗆	
9. [ATE OF BIRT	1 10.	AGE (In			er 1 Yr. If Under 24 Hrs		REET A	ND NUMBER					
/	Coul 2	n_ K112 108	st birthday	7	Months	Doys Hours Min		2524	Ashalan	d St.				
11.	BIRTHPLACE (S	tate or foreign co	ountry)		1 2. CII	IZEN OF	_		SNAME	- / 1	a-1			
,	north.	Privale	11-01		W	HAT COUNTRY?	-	Phi	trick	Will	Puis			
				4B. KIND	OF BL	SINESS OR INDUST	RY 15. A	NOTHE	S MAIDEN NA	ME ·				
done	e during most of w	rking life, even if	well				10	XII	Our to	here	reil.			
		ED EVER IN U.S.	AR MED			7. SOCIAL	18. 11	NFORM	IANT	1-11-	, AD	DRESS		
(Yes	s, no or unknown	(If yes, give war	or deles o	t service)	SECURITY NO.	1	111	wo to	ninh	F 1	an	ul	
	19. // , -	21.				CAUSE OF DE	ATH	jore		119			PROXIMATE I	
	PICEAC	CONDITION OF THE PROPERTY OF T	NI DIREC	TIV		Arteries	cler	otic	cardiov	ascular	disease		EEIN OINSEI /	AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Arteriesclerotic cardiovascular disease (A)IMMEDIATE CAUSE													
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)														
NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)													
ERTIFICATION	TO THE DEA	II IFICANT CONDIT ATH BUT NOT REL CONDITION GIV	ATED TO 1	HE TERM	INAL									
ERT	20A. DATE OF	OPERATION 2	OB. CON	DITION	FOR W	HICH OPERATION V	VAS PEI	RFORM	ED			21. AUTO	PSY? (Yes	or No)
ਹ	n												no	
EDICAL	UNDERLYING	NAL CAUSE WA POR CONTRIB USE OF DEATH.	B-		22B. PL home,	ACE OF INJURY (e.g form, foctory, street, off	., in or o	obout 2 , etc.) II	2C. WHERE DID NJURY OCCUR?	(If in Boltimo	re City, give exo	ct locotion)		
Σ	22D. TIME OF INJURY (APPROX.)	(Month) (Doy)	(Yeor)	(Hou	'		T WHILE		2F. HOW DID IN	NJURY OCC	ÜR?			
		er's ype) Ru	ral caus	LN.	Acc	Inspection A Acident Suic	utapsy ide D.	ASSI:	emicide CHIEF MEDICAL STANT MEDICAL CIATE MEDICAL	Undetermi EXAMINER EXAMINER EXAMINER	death In my ned manner [X		date sig	9
	A. BURIAL CREE MOVAL (Speci		DATE -31	-69	24C.	NAME OF GEMETER	Y ar CR	al	24D	Location	(City, town	, or county) (SI	My
25	A. DATE REC'D	BY HEALTH DEF	PT.	25B. N	IAME C	F REGISTRAR		2507	WNERAL DIREC	TOR	A	DDRESS		-
	OCT	29 1969	A) B	88,	Pad	Ben, M.D.		Elle	oyOll	lson	1000/	Dia	utte	la

24 AC V.1 .

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT





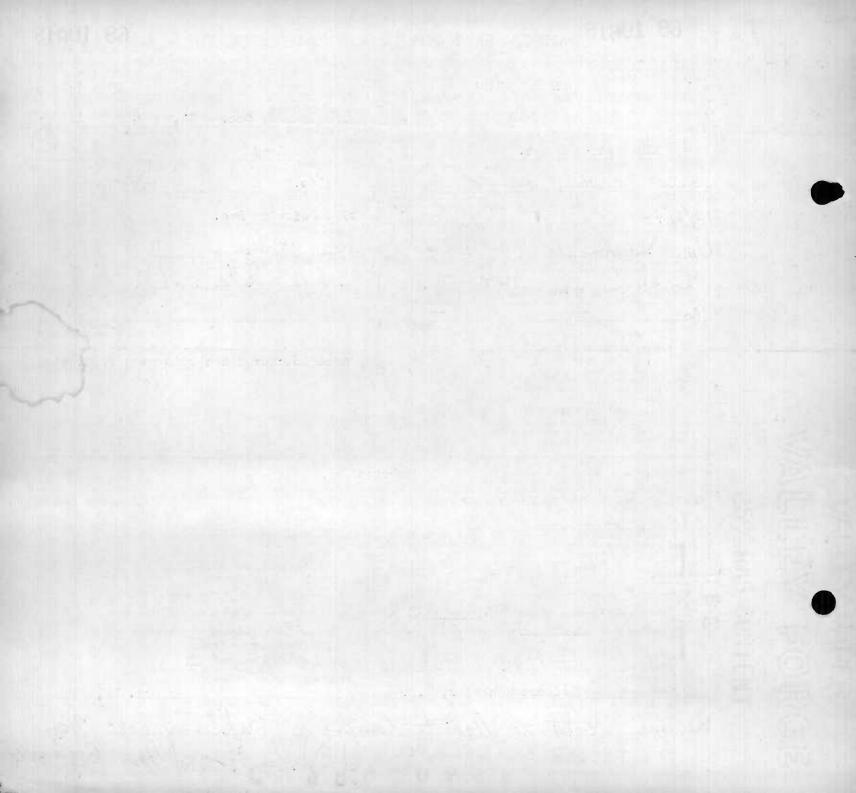
69 10618

BALTIMORE CITY HEALTH DEPARTMENT

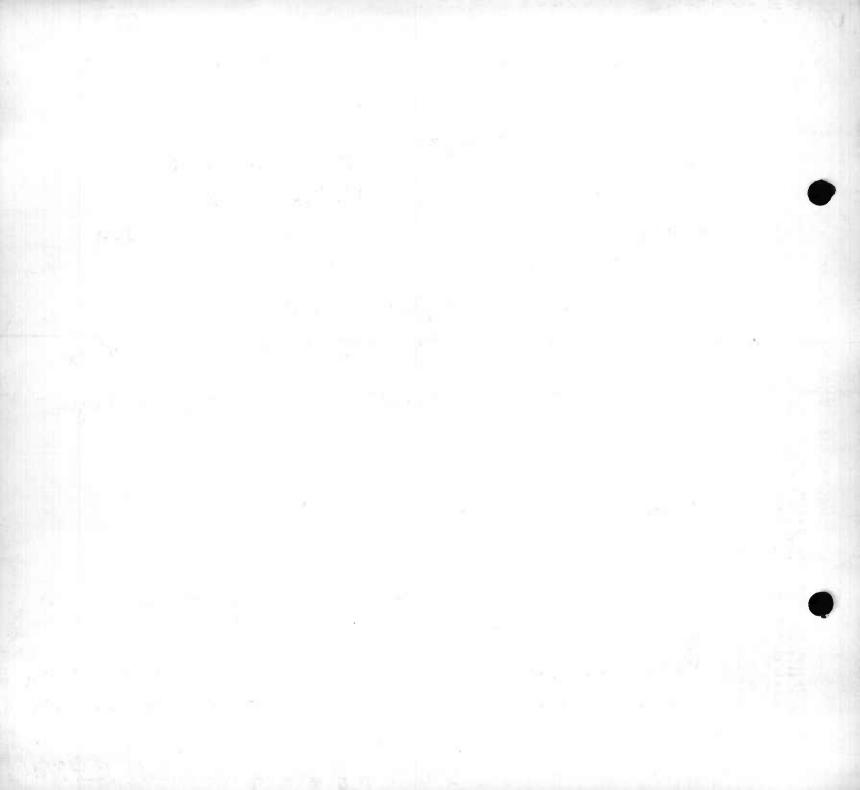
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
/ / / L L L / / / L	F111 1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CERTIFICATE		

69 10618

BIKIN NO.										
1. NAME OF DEC	EASED			2. DATE	Known 🔀	Month	Doy	Yeor	Hour	
(., pe or riting	BERTH	IA YOUNG		OF DEATH	Estimoted	10	24	69	1:50	рм
4. PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PRONOUN	CED DEAD	3. DATE		Month	Doy	Year	Hour	D 1111
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION,	GIVE STREET		NCED DEAD	Oct.	24,	1969		Рм
00	04 Fairview A	ve.		A. STATE	Maryland		B. COUNTY		3 X	on)
6. SEX	7. RACE	B. MARRIED N	EVER MARRIED	C. CITY OR			D. INSIDE	CITY LIMITS?	-0	
Female	Negro	WIDOWED	DIVORCED [Ba	lto.			YES P		
9. DATE OF BIRTH	H 10. AGE (I	n years If Under	1 Yr. If Under 24 Hrs.	11	ND NUMBER			TES I	NO L	
12/6/98	lost birthdo	Months I	Doys Hours Min.	3704	Fáirview	Ave.				
11. BIRTHPLACE (S	Steel or foreign country)		EN OF T COUNTRY?	12 FATHER'S	Cal	vin				
14A.USUAL OCCU	PATION (Give kind of work	148. KIND OF BUSI	NESS OR INDUSTR	15 MOTHER	S MAIDEN NA		/	7		
Jone Buring most of	orking life, even if retired)	1200		1	0.40	XVa	110 -			
16. WAS DECEASE	ED EVER IN U.S. ARMEI	FORCES? 17.	SOCIAL	18. INFORM	ANT	vier.	varol	ADDRESS		-
	(If yes, give wor or dotes	of service)	SECURITY NO.							1
19. // /	1 01	-0.0	CAUSE OF DEA	TH			1	APE	PROXIMATE INTE	ERVAL
4/4	17172	0 7	U.U.L. OI DEA						EEN ONSET AND	
	E OR CONDITION DIRE	CTLY							1	
1	LEADING TO DEATH of meon the mode of dy	des es			erioscler	otic o	cardiov	ascular	diseas	se .
heort foilure,	, osthenio, etc. It meons the	e diseose,	DUE TO, OR	AS A CONSEQU	JEN CE OF:				1	
injury or com	aplication which coused de	oth.)						114	10	
AN	NTECEDENT CAUSES		(B)							-
DISEASES C	OR CONDITIONS, IF AN	Y, GIVING	(B)	AS A CONSEQ	UENCE OF:					4 00 marries on which whi a
LUNDERLYIN	ABOVE CAUSE (A) STA	IING THE						100		
ő			(c)							
OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF	II IFICANT CONDITIONS C	ONTRIBLITING	Diabe	tos						
TO THE DEA	TH BUT NOT RELATED TO	THE TERMINAL	Diabe	LES						
20A. DATE OF	OPERATION 20B. CO		CH OPERATION W	AS PEREORMI	:D			21 AUTO	PSY? (Yes or	No)
O O	O' ENAMORY ESS. CO	TADITION TOK WITH	CIT OF ERATION W	AJ FERFORMI	.0					110)
-		loop at a s						No		
UNDERLYING	NAL CAUSE WAS OR CONTRIBUSE OF DEATH.		E OF INJURY(e.g., n, factory, street, offic			(If in Boltimo	re City, give	exoct locotion)		
≥ 22D. TIME ((Month) (Doy) (Yeo	r) (Hour) 22E. IN	JURY OCCURRED	22	F. HOW DID IN	JURY OCC	UR?			
OF INJURY (APPROX.)		WHILE		WHILE						
23.		m. WORK	L AT W	ORK L						
	ify that I held on 1	nguiry Ins	pectian XX Au	topsy	and that an t	his hosis	death in m	v opinion		
result	ed from: Natural cau	ises Pur Accid	ent Suicio				ned monne			
ACTUAL	(17	Darl 1	1 /	C	HIEF MEDICAL I	EXAMINER			DATE SIGNE	ED
SIGNATU		Thulas	alis M.D	ASSIS	TANT MEDICAL	EXAMINER	LXIX			
EXAMINE	ER'S			ASSO	CIATE MEDICAL E	XAMINER				
NAME (T		ore Mihalak						Oct. 25,	1969	
24A. BURIAL CREA REMOVAL (Specif		24C. N.	AME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, to	wn, or county	(Stote	7
Busin	0.12	28 //2	Val-		- 6	SOVI	10	BAUL	mal	1
25 A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	TSC. F	UNERAL DIRECT	OR D	marce	ADDRESS	01	•
	CT 29 1969	25B. NAME OF	aber, M.D.	1) E	3. Johns	4	Jane D	Tome 1	Balt!	17%
VS 151-REV. 1/1/68		1 9 5	9 ()	0 78	110)				



4-	352	BALTIMORE C	TY HEALTH DEPARTMENT
(//	and sath the the	BIRTH NO. 69 10619 CERTIFIC	ATE OF DEATH REG. NO. 69 10619
	0 0 0	(TANGE OF DECEASED	2. DATE AND HOUR OF DEATH DC. 21, 1969 M
	of d of d Dece	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before odmission)
	hos ise (5) de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	ma. 402
	l in a ng cau cause; attend ior to		D 057
	- B B + P	University of Manyland Hospital	E. STREET AND NUMBER
	0.5		734 W. Fayorle Street
	rrith min ma	5. SEX 6. RACE 7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr., It Under 24 Hrs., Months; Doys; Hours; Min.
	th occurre contribut determined in regular eceased p	WIDOWED! DIVORCED!	11 1/25/19/2
			RY 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	or or ndet	done during most of working life, even if retired)	
	de de sit	13. FATHER'S NAME	Baltimore USA
	if dect 4) U wa the the	13. PATREK'S NAME	14. MOTHER'S MAIDEN NAME
Z	# 등 수 등 등		Not marlable
A	if the d if the d iny kind; ed death dance or	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give war ar doles of service) SECURITY NO.	17. INFORMANT ADDRESS
2	されるのに	Marvilele	ol Ch C
ō	s as any ced ndar	18. 4 CAUSE OF DEA	711
IMPORTAN	M / O O E	DISEASE OR CONDITION DIRECTLY	
Σ	lso, of of our un	LEADING TO DEATH	
	Als Als nou att	(This does not mean the mode of dying, e.g., (A) IMMEDIATE C.	S Days
ä	er. ctur ar bai	neon miure, ashenia, etc. Il means the disease.	S A CONSEQUENCE OF:
ō	- c s - 5 E	Mary an earlipreductive trades dedition	
H	xam cami A fr who regu	ANTECEDENT CAUSES	saconsequence of:
2		DISEASES OR CONDITIONS, if any, giving DUE TO, ON	S A CONSEQUENCE OF:
DIRECTOR	S a s	rise to the abave cause (A) stating the UNDERLYING CONDITION last.	0
5	0 _ 0 =	CONDITION last. (C)	
	nedical edical burns; hysici n was	Z OTHER SIGNIFICANT CONTRIBUTE CONTRIBUTE	
N. S.	phy an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
iii	4 7 7 1 1 5	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
FUNERAL	h sist		20A-AUTOPSY? (Yes or No) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	by the	U 214, ACCIDENT WAS UNDERLYING 218 PLACE OF MULTIPLE	
and the second	y the chital by ey. (2) By there the No phys	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C, WHERE DID office bidg, INJURY OCCUR? (If In Baltimare City, give exect location)
	ed by the property ature; by whe (6) No ined be	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	
	hospi natur rept w d (6) I	S OF INJURY	21F. HOW DID INJURY OCCUR?
	> = 0 0 0	Work At Work	
	any (exc	22. I certify that (1) (this hospital) attended the deceased fram	21. 13 19 69 ta Oct. 22 19 69
		that (M) (we) last saw the deceased alive an Ocale, 21	
	● 一 ○ 五 千 二	and haur and fram the causes stated abave. (1) (We) (did) (did nat)	
	st be ased ent spit deat	23A. SIGNATURE	
	eleas ccide r hos to de	000	ending Med. Stoff 23B, DATE SIGNED
	F 0 0 0 F B	DEGREE	s. Director Phys. D Cobe 21, 1916
	at and ior	23C. PHYSICIAM'S NAME (Type)	
	certificate body was r rs: (1) An ac D.O.A. at c ased prior ten approv	MARK M. BAREFELD	MAIN of WA HOSPITAL BALTINGAE WA
	Mar 100 Mar 10	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CE	
	Sody Sec. ()	REMOVAL (Specify)	24D. LOCATION (City, town, or/county) (Stote)
	S X S O +	25A. DATE REC'D BY HEALTH DEPT. 1258, NAME OF REGISTRAR	and Paklimore Iller.
	This certifulation of the body shows: (1) was D.O., deceased written a		23C. EUNERAL DIRECTOR
	- 4 V > U >	OCT 29 1969 Page E, Jackey M. D.	A. D. Jokanos 1900 Cetaut 1. Patt. Mar.
		VS 150-REV. 1/1/68	

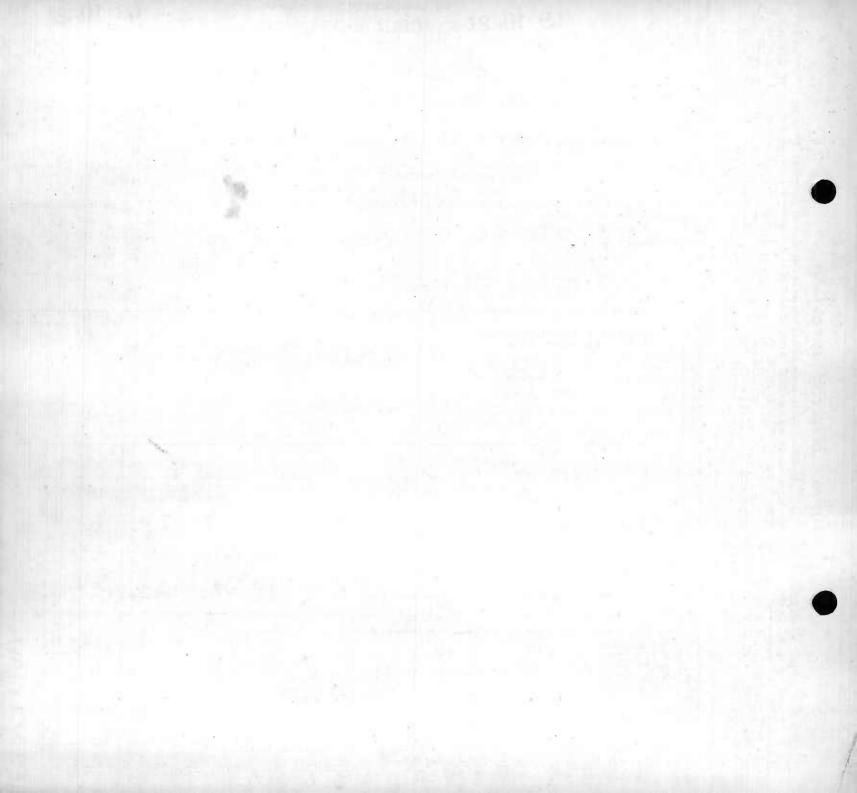


69 10620 MEDICAL EVANINED'S CEDTIFICATE OF DEATH

BI	RIH NO.	AMINER 5 CER I	HFICAT	E OF	DEAI	REG. NO	0	
-	NAME OF DECEASED	2. DA	ATF Know	rn XXt n	Month	Day	Yeor	Hour
(Ту	pe ar Print) MARY STRICKLAND	0	OF	ated 🗆	10	25	69	5.05 0
4	PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		AIII	Idieo 🗆	Month	Dov	Year	Hour M.
	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO	000	ONOUNCED	DEAD	Month			
HC	OSPITAL ADDRESS OR LOCATION)	The state of the s			Oct.	25,	1969	5:05 р м.
OR	RINSTITUTION	5. USI		CE (Where	deceased l	B. COUNTY		before admission)
	Johns Hopkins Hospital D	0.0,A.	Mary1	and		B. COUNT	1	X 41
6.	SEX 7. RACE B. MARRIED L	NEVER MARRIED C. CIT	TY OR TOWN			D. INSIDE	CITY LIMITS?	,
	Female Negro WIDOWED		alto.				YES D	No 🗆
9.	DATE OF BIRTH 10. AGE (In years I If Und		REET AND NU	MBER		1	TES IP	NOL
٨		S Days Haurs Min.	510/ Pa	110 1				
11		TIZEN OF 13. FA	5104 Be		ve.			
7		HAT COUNTRY?	THER 3 IVAMI	4	1	9		
C	pre lo lici	- X	Muas	I ,	Clas	len		
14/ dd	USUAL OCCUPATION (Give kind of work 148. KIND OF B	USINESS OR INDUSTRY 15 M	OTHER'S MAIL	DEN NA	AF .	11		
8	Merises Clied Has	pilat V	anne	07	oue	4		^
16.		7. SOCIAL 18.	FORMANT			/	ADDRESS	0
(10	es, no ar unknown) (If yes, give wor or dotes of service)	245-10-032	Towns	Cin	ulla.		B. Ut	+ mal
-	19. // / 9 9	CAUSE OF DEATH	o w	المارد	- Comment	-		PROXIMATE INTERVAL
	7/9/90							VEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Hy	pertensive & art	terioscl	eroti	c Caro	liovasc	ular di	sease
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A)IMMEDIATE CAUSE						
	heart foilure, osthenio, etc. It means the diseose,	DUE TO, OR AS A CO	DNSEQUENCE	DF:				
	injury ar complication which caused death.)							
	ANTECEDENT CAUSES	(R)						
	DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR AS A CO	ONSEQUENCE	OF:				
_	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
CERTIFICATION		(c)						
A	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
S	TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
IË	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR V	VUICH OPERATION WAS DER	FORMED		******		DI ALIZO	OCYO (Var as No)
190	DATE OF GLERATION 255. COMBINOTORY	THICH OFERALIOIS WAS PER	PORMED				21. AUIO	PSY? (Yes or No)
								yes
SAL	22A. EXTERNAL CAUSE WAS 22B.PI UNDERLYING ☐ OR CONTRIB-	LACE OF INJURY(e.g., in or obtain, factory, street, office bldg.,	etc.) INJURY C	ERE DID (lf in Baltimo	re City, give	exact locotion)	
	UTING CAUSE OF DEATH.	7,,						
Σ	22D. TIME (Manth) (Doy) (Year) (Haur) 22 OF INJURY	E.INJURY OCCURRED	22F. HOV	V DID INJ	URY OCC	UR?		
	(ABBBOY)	HILE AT NOT WHILE ORK						
	23.	AI WORK L						
	I certify that I held on Inquiry	Inspection Autopsy	XX ond t	hot on th	is bosis,	deoth in m	y opinion	
	resulted from: Notural couses Ac	cident Suicide	Homicide			ned monne		
	ACTUAL ()	1		EDICAL E		1		DATE SIGNED
	SIGNATURE	M.D.	ASSISTANT M	IEDICAL E.	XAMINEK	nezk		
	EXAMINER'S		ASSOCIATE M	EDICAL E	XAMINER			
2.4	NAME (Type) Isidore Mihalak A. BURIAL CREMATION, 248. DATE 240		MATORY	laur 1	OCATION	l tou	10/26/	
	MOVAL (Specify)	NAME of CEMETERY or CRE	MATURY	240.	LOCATION	(City, to	wn, or county	(State)
1	Jerior 10/30/69 1	seroman le	metrus	1/1	les of	len X	alon	11.0
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME (OF REGISTRAR	25C FUNERA	L DIRECTO	OR	A- >	ADDRESS)
	OCT 29 1969 2008.	Farber M.D.	17	H		1 2/0	0) 1	-1009
	0012000		1 your	FL	mera	110,	in alla	eter stelan
VS	151-REV. 1/1/6B	0000	es V a	OF	1			

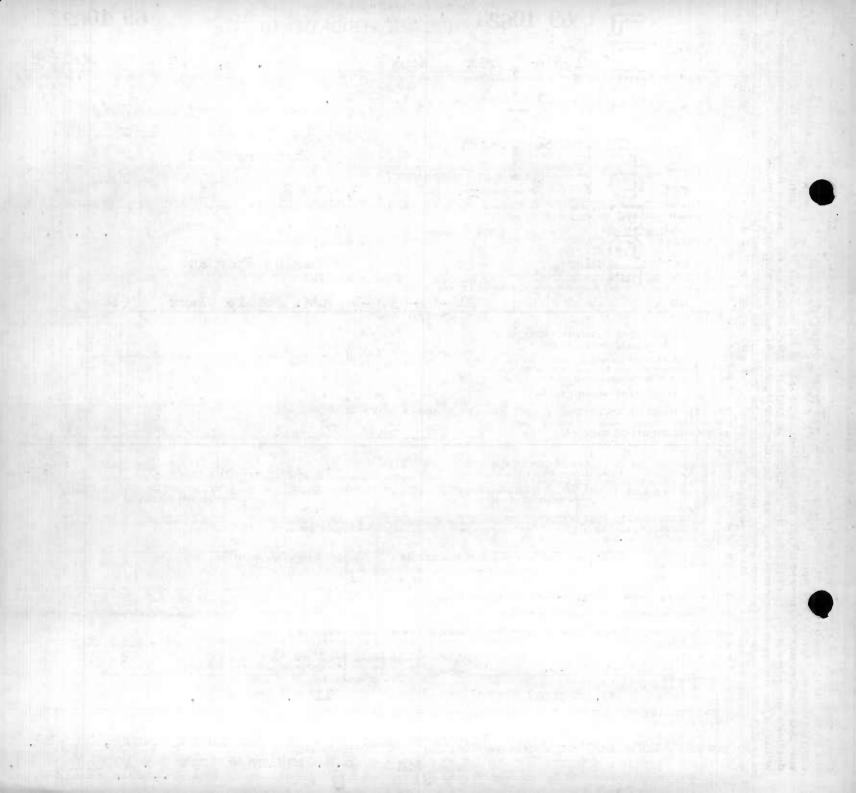
VS177 from Dr.Mihalakis

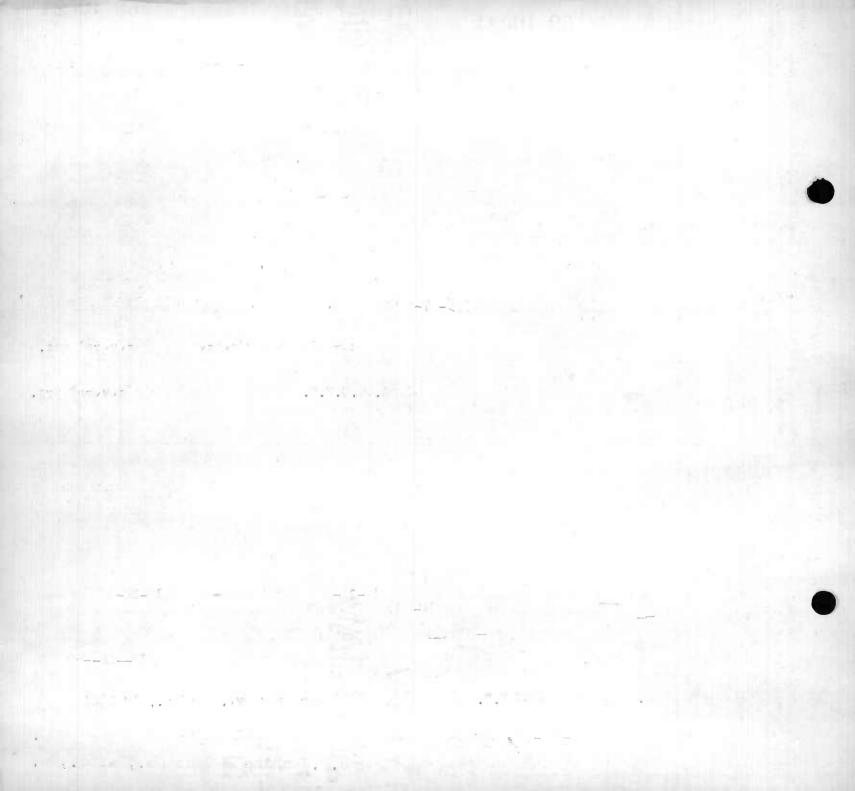
0-	300	BIRTH NO.	(69 106	21 CERTIFICA	TE OF DEATH	REG. NO	69 10)621	
	of death Decease e on th	1, NAME OF (Type or Print)	DECEASED, A	Marsh	all M	2. DATE A	ND HOUR OF DEATH	9 stitution; residence	9 16 M. before (dunission)	
EXAM	a hospi ause o ie; (5) D ndance to deat	FULL NAME HOSPITAL O	OF (IF NOT IN HOR ADDRESS OR		TUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	NTY	DE CITY LIMITS?	09	
MED.	ting c d caus r atter prior t	33	THE JOHNS	HOPKIN	S HOSPITAL	E. STREET AND NUMBER	ORTH AVEN		NO 🗌	
	ntriburmine egular sed ps made	S. SEX MALE		WIDOWE		9-24-1924	9. AGE (In years lost highday) 45	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.	
	or condete	Ret. G	as & Elect Co	red)	S Elect Co.	West Virgi	inia	U.S.A.	WHAT COUNTRY?	
Z L	direct; (4) Uh wain the dispos	JAM	Es White	2		FLORENCE Mason				
RTAL	the chind deat deat nice of final	(Yes, na or unk No	osed Ever in U. S. Arme nown) (If yes, give wor or	d Forces? dotes of service)	216-20-8593	Mary Collier	3602 Eversle			
IMPO	Also, if re of any nounced attenda	(This do	SEASE OR CONDITION LEADING TO DE	ATH oldying, e.g		A. Omm	an endo		ONSET AND DEATH	
RAL DIRECTOR:	f medical examiner. medical examiner. y burns; (3) A fractu physician who pro ian was in regular e remains are emba	DISEASE rise to UNDERL	lure, asthenio, etc. II m camplication which co ANTECEDENT CAL S OR CONDITIONS, the above cause ying CONDITION lost GNIFICANT CONDITION S DEATH BUT NOT RELATED OR CONDITION SIVEN IN	used death.) JSES il ony, givin. (A) stoting th . CONTRIBUTING	g DUE TO, OR AS	A CONSEQUENCE OF:				
FUNER	by a 2) Body re the physic fore th		E OF OPERATION 179B. WAS CIDENT WAS UNDERLYIT TRIBUTING CAUSE OF	CONDITION FOR PERFORMED	B. PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or N VC S in or ofbout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	IN CERTIFYING CAL	JSES OF DEATH?		
	ved by the hospital nature; (ept when d (6) No ained before the property of th	DEATH (DEATH (DEATH (APPROX.	notify medical examiner) E (Month) (Day) (Y	(eor) (Hour) 21	E, INJURY OCCURRED While At Nork At Work	21F. HOW DID IN	JURY OCCUR?	> 0	0.0	
•	ust be approased to the dent of any ospital (exc death); an must be obti	ond hou		eased alive on	23 Hus	19 C nond to	19 67 to 2	to 23 Aug 1	rred on the dote	
	relea accide a hos	23A. FIGH 23G. PHY: NAA	best a.	Morun A. NOR	DEGREE Phy	meding Med. Sirector Director D	Shaff Phys. DPKINS HOSE	23B. DATE SIGNE	et	
	This certificat the body was shows: (1) An was D.O.A. at deceased pric	24A. BURIAL REMOV Burial 25A. DATE R	EC'D BY HEALTH DEPT.	23-69 Mt	Calvary Ceme OF REGISTRAR	tery A	.A. Co., Md.	y, town, or county	DRESS	
	F = 0 3 0 3	√S 150-RE√.	,0,20	9	5 9 0 0	Marshall W.	Jones, Jr. 17	735 Harfor	rd Ave	

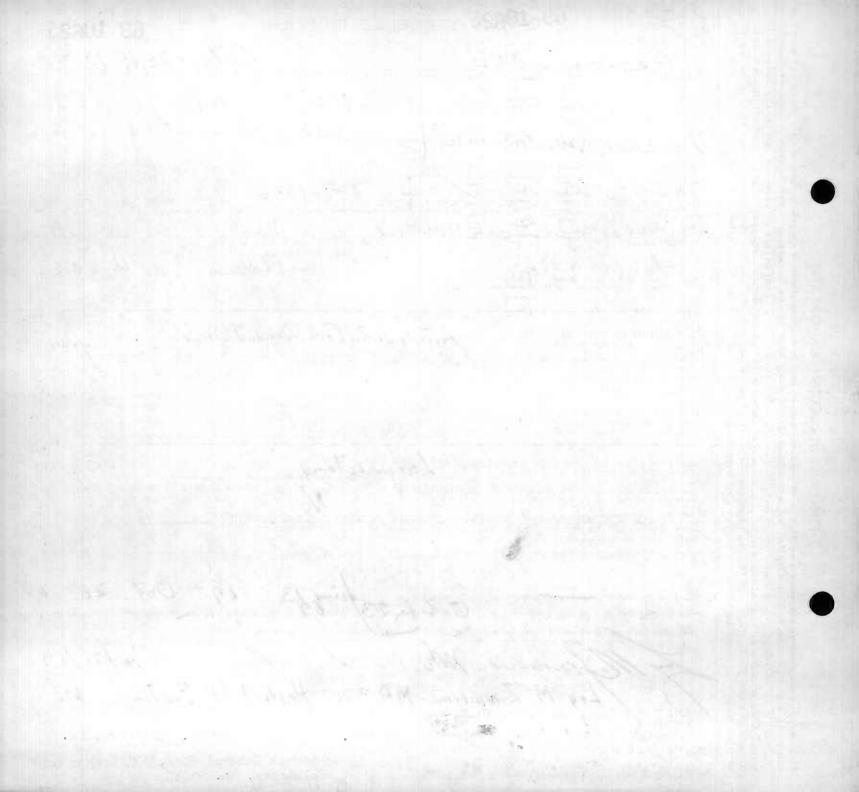


AND LONG THE RESIDENCE OF THE PARTY AND THE The same was not still and the same to the same of the

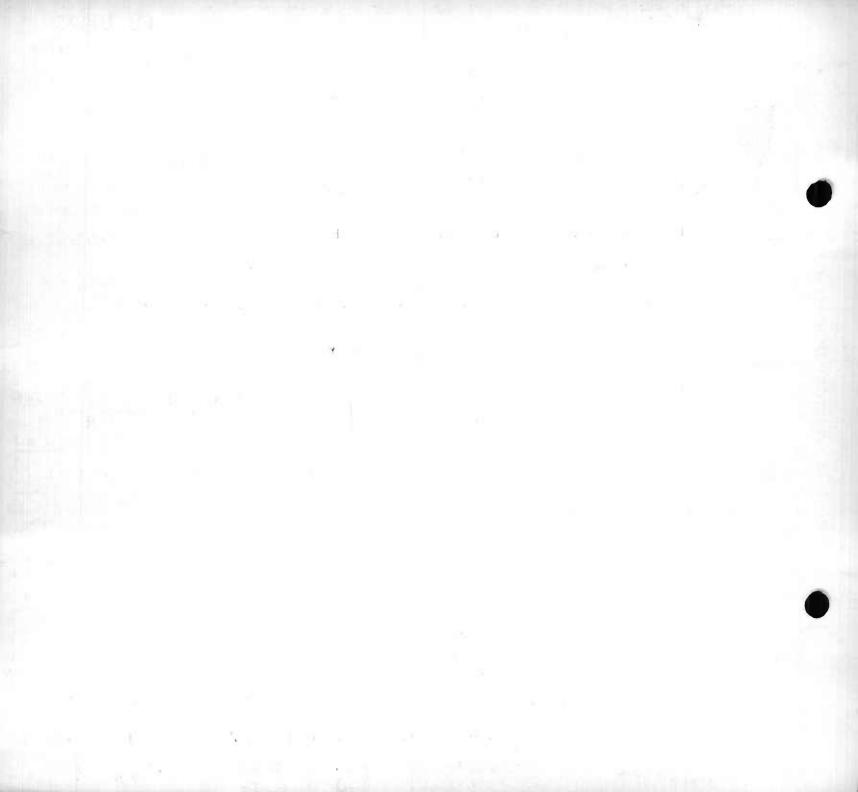
BIRTH I	E OF DECEAS	SED	10623			TE AND HOUR OF DEAT	16	
0.01.0		Virgie		Kouk	UC'	(Where descreed lived 15	institution escidence before educati	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					Oct. 28, 1969 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY Md. C. CITY OR TOWN Baltimore 21218 P. INSIDE CITY LIMITS? YES NO			
00	2	235 Chance	ry Road		Baltimor E. STREET AND NUMI 235 Chan	ser cery Road	123 🙀 110 📋	
5. SEX		race W	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	5/5/1888	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 h Months Doys Hours Min.	
			108, KIND OF BL	ISINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUN	
Homemaker Own Home 13. FATHER'S NAME					Virginia		U.S.A.	
					14. MOTHER'S MAIDEN NAME			
	amuel	Grim			Catherine Sherman			
S. Wos	Deceosed Ev	er in U. S. Armed For yes, give wor or dote	es? 16	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
-	0	yes, give wor or cole		15-05-0370	D Mrs. D	ollie Clark	(Same)	
1B.		7 1/1	Sao (CAUSE OF DEAT			APPROXIMATE INTERVA	
	1 1	OF CONDITION DI	ECTI V				BETWEEN ONSET AND DE	
	LEADING TO DEATH (A)IMMEDIATE CAUSE ASCVS 2 475							
	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:							
	near failure, asthenia, etc. If means the disease,							
""		TECEDENT CAUSES	000111,7	(alation las	lure & pulm	onary breek	
				(B)	Jan Jon Fill	eace	my O Colors	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS CONSEQUENCE OF:							
		CONDITION lost.	Jidning me	(c) W	L Cul aldre	1 aulure	" "	
-				2	0 11	0	1 - 1	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING G. C. Hernorrhage 2Xs Dec 674 June							
₹ DI2	EASE OR CON	DITION GIVEN IN PAR	T 1 (A).	J.	120 4	N. V. Cho.		
ERTIFIC 164	DATE OF OI	PERATION 198. CON	DITION FOR WHI	CH OPERATION		IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
ER!	4.0.010.010	WAS HAD TO THE	lasa -		No			
OR DE	CONTRIBUTION ATH (notify me	WAS UNDERLYING CAUSE OF edicol exominer)	21B. PL. home, etc.)	ACE OF INJURY (e.g., form, foctory, street, o	n or obout 21C. WHERE E ffice bidg., INJURY OCC	JR? (If In Boltim	ore City, give exact location)	
0 210	TIME (N	Aonth) (Doy) (Year)	(Hour) 21E. IN	JURY OCCURRED	21F. HOW DI	D INJURY OCCUR?		
>	PROX.)		While					
			Work	At Work	1	/-, .,	1, 19	
22.	I certify the	at (1) (this beepttol) attended the	deceased fram	12/27	196/to 1/	28 196/	
the	that (I) (we) tast saw the deceased alive an 1/27 19 67 and that In(my) (our) epinian death accurred an the date							
and	haur and fr	am the causes stat	ed above. (I) (I	He) (did) (did not)	riew the bady after de	eath.		
	and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE							
	<	Same	Morres	LET AH	ending Med.	Staff	1/24/69	
22.6	OEGREE Phys. Director Phys.							
230	NAME (Type	Dr. Samue	l Morri:	son	23D. ADDRESS 11 E.	Chase St.		
24A. PI	JRIAL CREMA			GEGREE E of CEMETERY OF CR			City, town, or county) (State	
RI	MOVAL (Spec	cify)	24C. NAM	L OF CEMPTER OF CR	Limatori 2	TO LOCATION (ony, lown, or county) (31016	
B	urial	10/31/	69 Lor	raine Par	k	Baltimore (County Md.	
2SA. D.	ATE REC'D BY	HEALTH DEPT.	70 -		2SC. FUNERAL DIR	ECTOR	ADDRESS	
	00	T 2 9 1969 0	Bes E. J	aber M.D.	H.W.Jenk	ins & Sons Balto	Co. 4905 York R	
	REV. 1/1/6B		1		A CONTRACTOR OF THE PARTY OF TH	TOTAL VO		







150-REV. 1/1/68



IMPORTAN

DIRECTOR:

FUNERAL

JAMES CARL DIETZ 10 25164 645

haralysia M PAITIMORE

1797 BROOK - WARRED STREET

11/30/93 75

PENNA

Emma wanter.

JOSEPH DIETZ

Pulcio-tic

MASSIVE OF HEPPORNIE

ANDRE SELLIC PROFES PILMINAMU ATELEFASIE

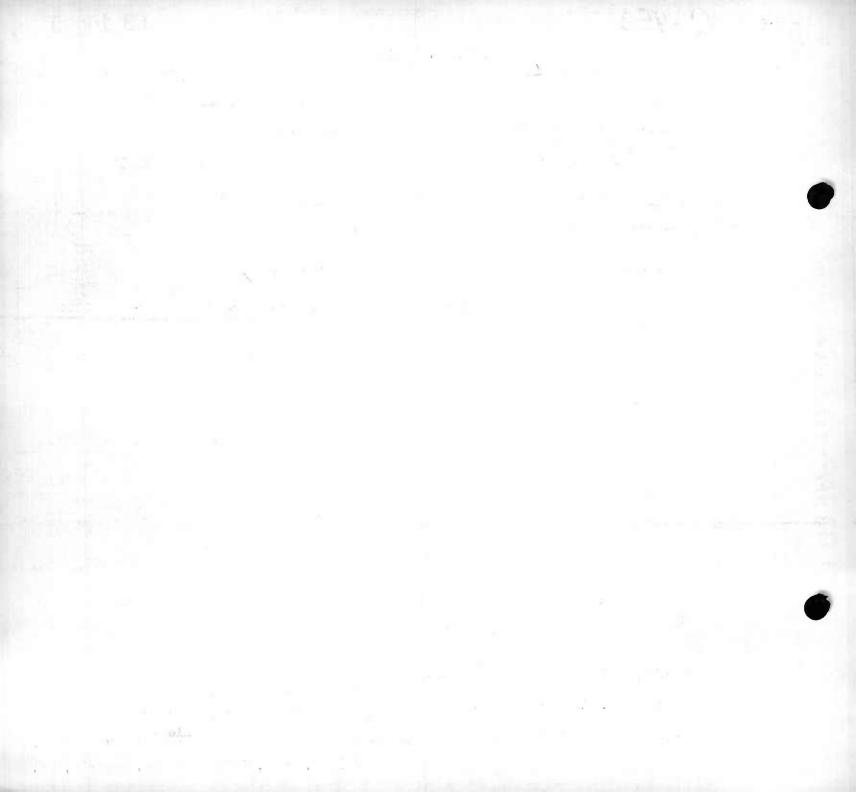
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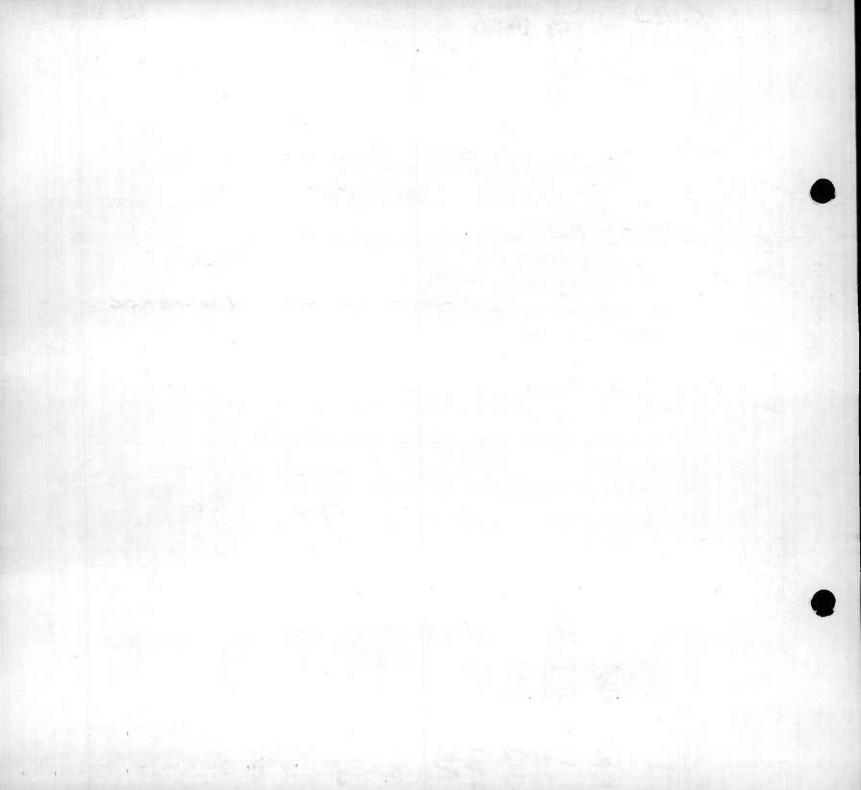
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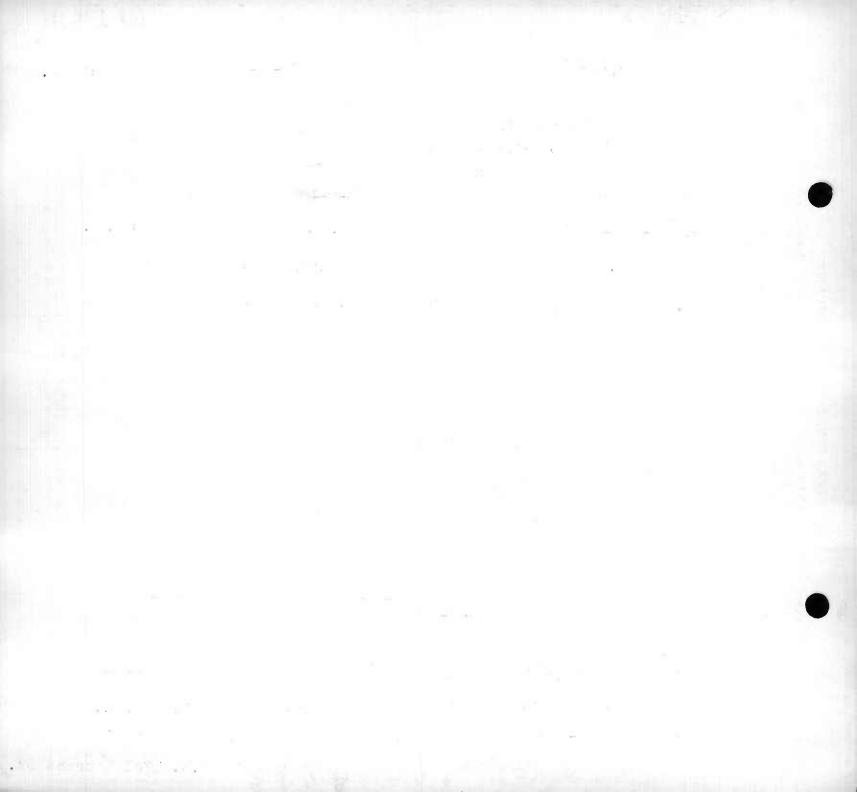
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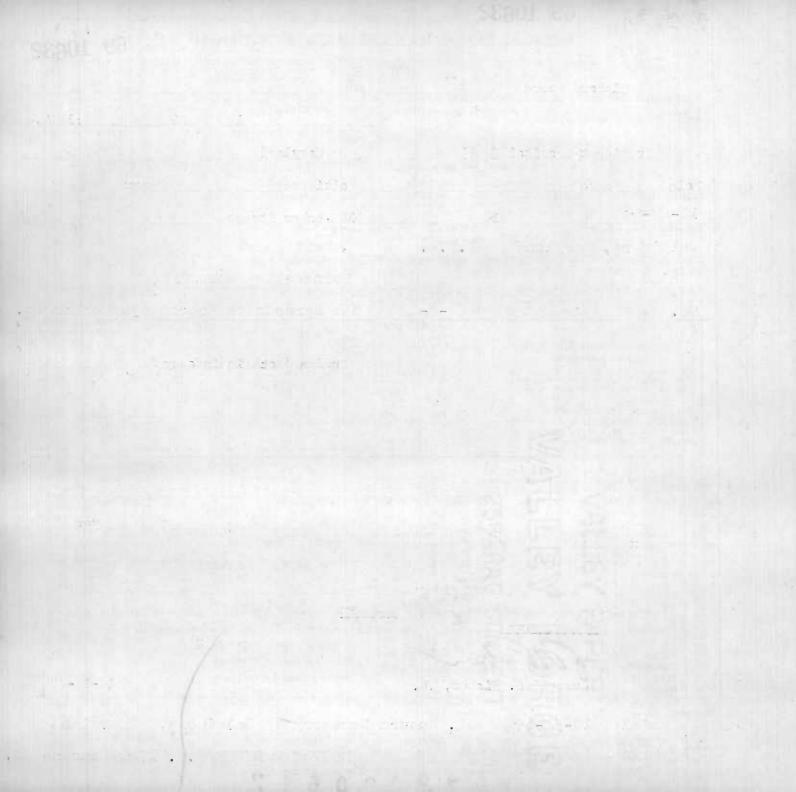
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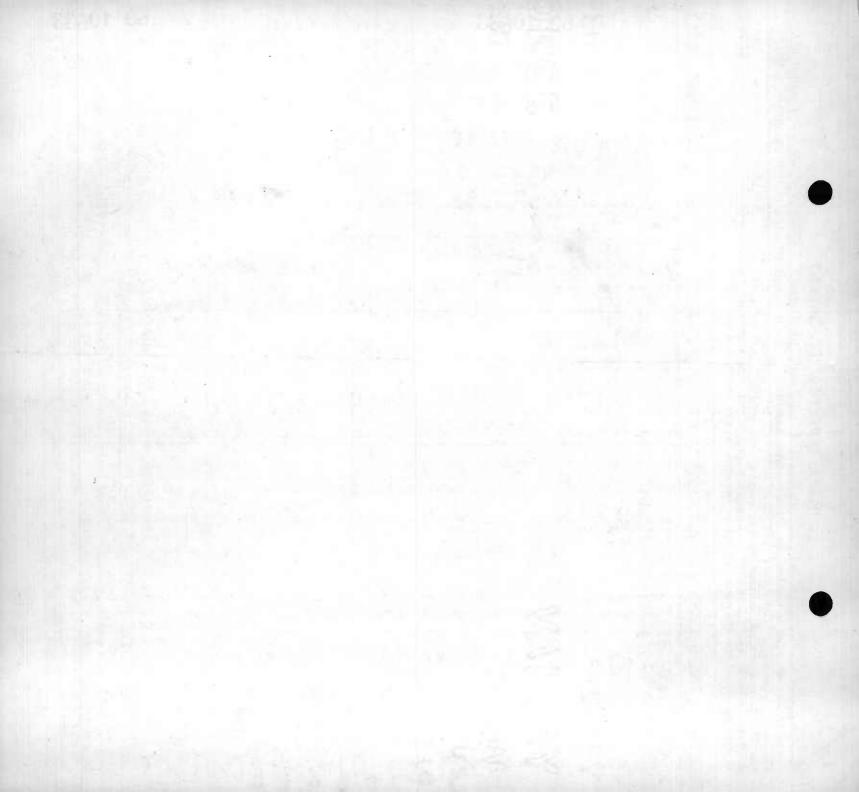
	NAME OF DECEASED		0631 CERTIFICA		D HOUR OF DEATH	
3.	PLACE IN BALTIMORE, M	Will Poke	PROMOTINICED DEAD	10-25-	69	institution: residence before adm
				IA. STATE B. COUN	IΥ	institution; residence before adm
HC	OSTITAL OK ADDK	ESS OR LOCATION	INSTITUTION, GIVE STREET	Maryland Ra/4	0.00,	5300
1	20 7514	ident Hosp Divison S	ital treet	Baltimore	D. INS	YES NO
			yland 21217	E. STREET AND NUMBER		120 100
_	SEX 6. RACE			509 Lain Stree		
3. 3		1	ARRIED NEVER MARRIED		ast birthdoy)	Months Doys Hours
10À	Negro	ve kind of work 10 R. K	OWED DIVORCED IND OF BUSINESS OR INDUSTRI	4-2-1900	69	
aone	ne during most of working life, e	ven it refired)	The second secon	S. C., Win	•	U: S. A.
_	Retired-Deth-S	1667		14. MOTHER'S MAIDEN NAM		0.0.1.
	Unk.			Nannie F	-	
15. \	Wes Deceased Ever in U. s, no or unknown! (If yes, give	S. Armed Forces?	1 6. SOCIAL	Natitile F	all.	ADDRESS
		e wor or dotes of se	SECURITY NO.	Mrs. Sarah Fair	-Vifa	Same
PROPRIES	No .		CAUSE OF DEAT		110	APPROXIMATE INTE
	ANTECEDES DISEASES OR CONDITIONS inse to the above UNDERLYING CONDITION	TIONS, if any, cause (A) statin	giving (B) DUE TO, OR AS g the (C)	A CONSEQUENCE OF:		
	DISEASES OR CONDITION THE TOTAL TOTA	TIONS, if any, cause (A) stating ON last.	(c)	A CONSEQUENCE OF:		***************************************
TION	DISEASES OR CONDITION TISE to the abave UNDERLYING CONDITION OTHER SIGNIFICANT CON TO THE DEATH BUT NOT DISEASE OR CONDITION G	TIONS, if any, cause (A) stating ON last. Dittions CONTRIBUTE TERM SIVEN IN PART 1 (A)	(c)			
NOIL	DISEASES OR CONDITION TISE to the abave UNDERLYING CONDITION OTHER SIGNIFICANT CONITION TO THE DEATH BUT NOTE	TIONS, if any, cause (A) stating ON last. Dittions CONTRIBUTE TERM SIVEN IN PART 1 (A)	JTING MINAL		208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CERTIFICATION	DISEASES OR CONDITION TISE to the abave UNDERLYING CONDITION OTHER SIGNIFICANT CON TO THE DEATH BUT NOT DISEASE OR CONDITION G	TIONS, if any, cause (A) stating ON last.	JTING MINAL	20A-AUTOPSY? (Yes or No)		FINDINGS CONSIDERED USES OF DEATH?
CERTIFICATION	DISEASES OR CONDITION THE DEATH BUT NOT PRESENTED TO THE DEATH CONTRIBUTING CADEATH (notify medical exception)	TIONS, if any, cause (A) stating ON last.	JTING AINAL FOR WHICH OPERATION 218 PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 218 INJURY OCCURRED	20A. AUTOPSY? (Yes or No) N O n or obout 21C. WHERE DID lifice bldg., INJURY OCCUR?	(If In Boltimor	
AEDICAL CERTIFICATION	DISEASES OR CONDITION TIME TO THE DEATH BUT NOTE DISEASE OR CONDITION OF TO THE DEATH BUT NOTE DISEASE OR CONDITION OF 19A-DATE OF OPERATION OR CONTRIBUTING CA DEATH (notify medical exception) 21D-TIME (Month) ((TIONS, if any, cause (A) stating ON last. JULIONS CONTRIBURELATED TO THE TERM SIVEN IN PART 1 (A), 1 19%. CONDITION WAS PERFORMED USE OF omitines?	I FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, o	20A. AUTOPSY? (Yes or No) N O n or obout 21C. WHERE DID lifice bldg., INJURY OCCUR? 21F. HOW DID INJU	(If In Boltimor	
MEDICAL CERTIFICATION	DISEASES OR CONDITIONS IN THE PERSON OF THE DEATH BUT NOT REDISEASE OR CONDITION OF THE DEATH BUT NOT REDISEASE OR CONDITION OF THE DEATH (Notify medical examples) (APPROX.) 21D-TIME (Month) (IOPPROX.)	TIONS, if any, cause (A) stating ON last, DITIONS CONTRIBURELATED TO THE TERM SIVEN IN PART 1 (A), in 198. CONDITION WAS PERFORMED USE OF Amined Depth (Yearl (House)) (Yearl (House))	JIING AINAL I FOR WHICH OPERATION 21B PLACE OF INJURY (e.g., home, form, foctory, street, of etc.) 21E INJURY OCCURRED While At Not While At Work Anded the deceased from O-	20A. AUTOPSY? (Yes or No) NO n or obout 21C. WHERE DID line bldg., INJURY OCCUR? 21F. HOW DID INJU	(If In Boltimor	re City, give exoct location)
MEDICAL CERTIFICATION	DISEASES OR CONDITION THE DEATH BUT NOTE DISEASE OR CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOTE DISEASE OR CONDITION OF 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical exa 21D.TIME (Month) (II OF INJURY (APPROX.) 22. I certify that (I) (the	TIONS, if any, cause (A) stating ON last. DITIONS CONTRIBU RELATED TO THE TERRIVEN IN PART 1 (A). 198 CONDITION WAS PERFORME LUSE OF Tamined Day) (Yeard (House the deceased oily	JTING AINAL I FOR WHICH OPERATION 21B PLACE OF INJURY (e.g., home, form, foctory, street, o etc.) 21E INJURY OCCURRED While At Not While At Work Indeed the deceased from 9- e an 10-25-69	20A-AUTOPSY? (Yes or No) NO norobout 21C. WHERE DID linice bldg., INJURY OCCUR? 21F. HOW DID INJU Column 15	(If In Boltimor	re City, give exoct location)
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MEDICAL CERTIFICATION	DISEASES OR CONDITION THE DEATH BUT NOTE DISEASE OR CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOTE DISEASE OR CONDITION OF 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical exa 21D.TIME (Month) (II OF INJURY (APPROX.) 22. I certify that (I) (the	TIONS, if any, cause (A) stating ON last. DITIONS CONTRIBU RELATED TO THE TERRIVEN IN PART 1 (A). 198 CONDITION WAS PERFORME LUSE OF Tamined Day) (Yeard (House the deceased oily	g the (C) JTING MINAL I FOR WHICH OPERATION 218 PLACE OF INJURY (e.g., home, form, loctory, street, o etc.) 218 INJURY OCCURRED While At Not While At Work Indeed the deceased from 9- e an 10-25-69 Dece (I) (We) (did) (did not) where	20A. AUTOPSY? (Yes or No.) No n or obout 21C. WHERE DID RIJURY OCCUR? 21F. HOW DID INJU 10-69 19 and the	(If In Boltimor RY OCCUR? ta 1.0-2 In(my) (our) apt	nian death accurred an the
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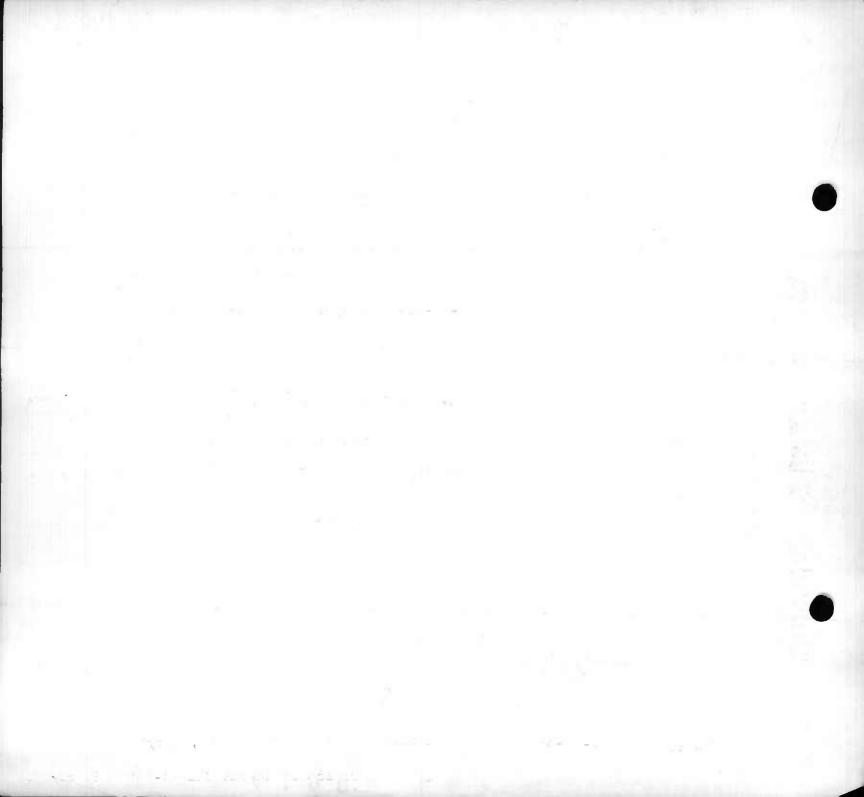
BALTIMORE CITY HEALTH DEPARTMENT



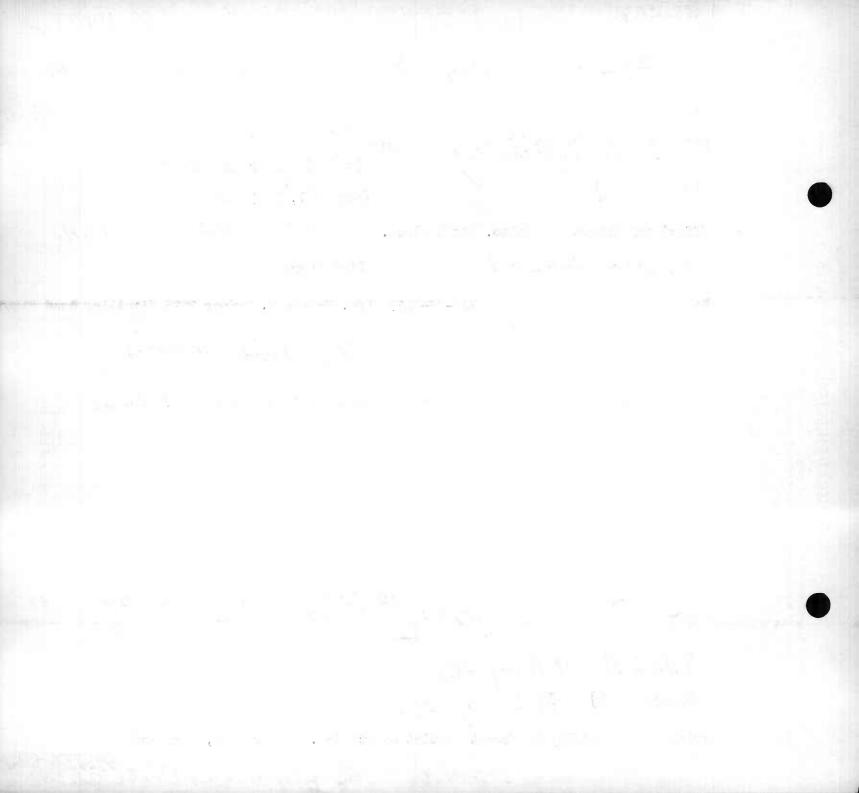
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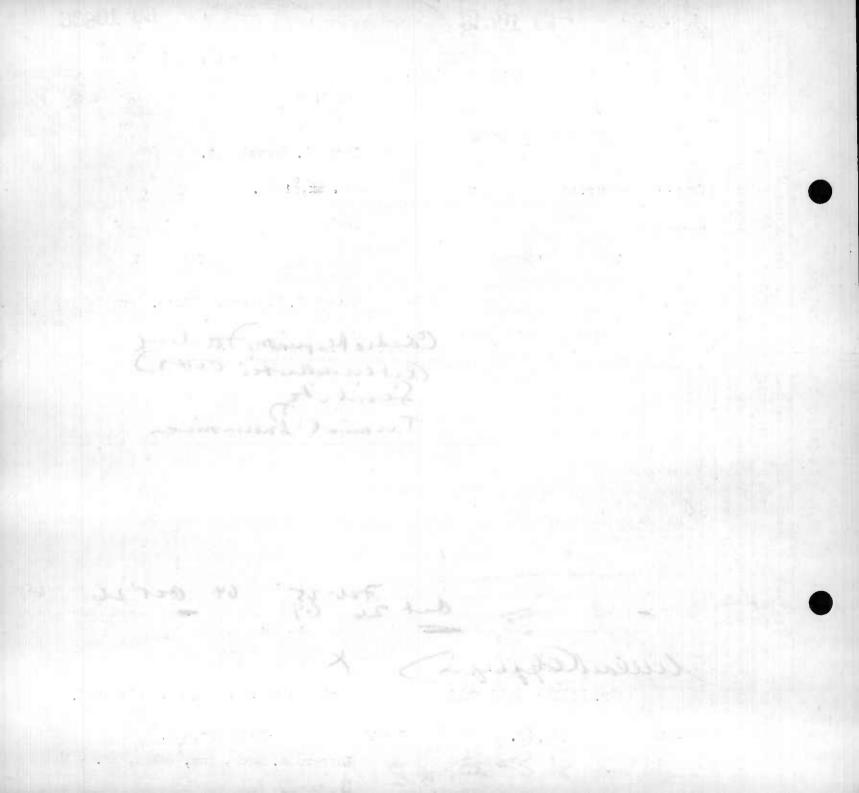
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150-REV. 1/1/68



-			BALTIMORE CITY	HEALTH DEPARTMENT		00 40
7-65	0 69	1063	6 CERTIFICA	TE OF DEATH	REG. NO	69 10636
BIRTH NO. 1. NAME OF DEC (Type or Print)			CRNEY	2. DATE AND	o Hour of DEATH	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD		deceased lived. If i	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITU	ITION, GIVE STREET	Maryland c.city or town	D. INS	SIDE CITY LIMITS?
90 CH	ENTURY NURSI	NG HOME		Baltimore E STREET AND NUMBER 1102 E. Lanval	a St	YES X NO .
5. SEX	6. RACE	7			. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
female	caucasian	MARRIED WIDOWED			ost birthday 89	Months Days Hours Min.
	UPATION (Give kind of wark warking tite, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	USA
13. FATHER'S NA				14. MOTHER'S MAIDEN NAM	IE .	
	? 01	Connell			?	?
	Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			None	Hubert F. Tierr	ey. 1102 E	. Lanvale St. Balto
DISEASES (rise to th UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	osthenio, etc. It meons inplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. II FICANT CONDITIONS CO III BUT NOT RELATED TO TI ONDITION DATE OPERATION 198. CON WAS PERI	ony, giving sloting the NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR VEORMED	(c) Ter	a CONSEQUENCE OF MOI		FINDINGS CONSIDERED AUSES OF DEATH?
DEATH (notify	NT WAS UNDERLYING DITING CAUSE OF medical examiner	horn etc.)	e, form, factory, street, a	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(It in Boltimo	are City, give exact location)
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that (I) (June)	llack Of	attended the dalive on	(West Ald) (did nat)	19 6 7 and that view the bady after death.	Shaff hys.	Inian death accurred an the date
24A. BURIAL CRE	MATION, 248. DATE		DEGREE			City, lawn, or county) (State)
burial			wood Cemeter		cimore, Md.	
	BY HEALTH DEPT. 1969 Publis E	258 NAME C	F REGISTRAR	25C. FUNERAL DIRECTOR Leonard J. Ruc		ADDRESS
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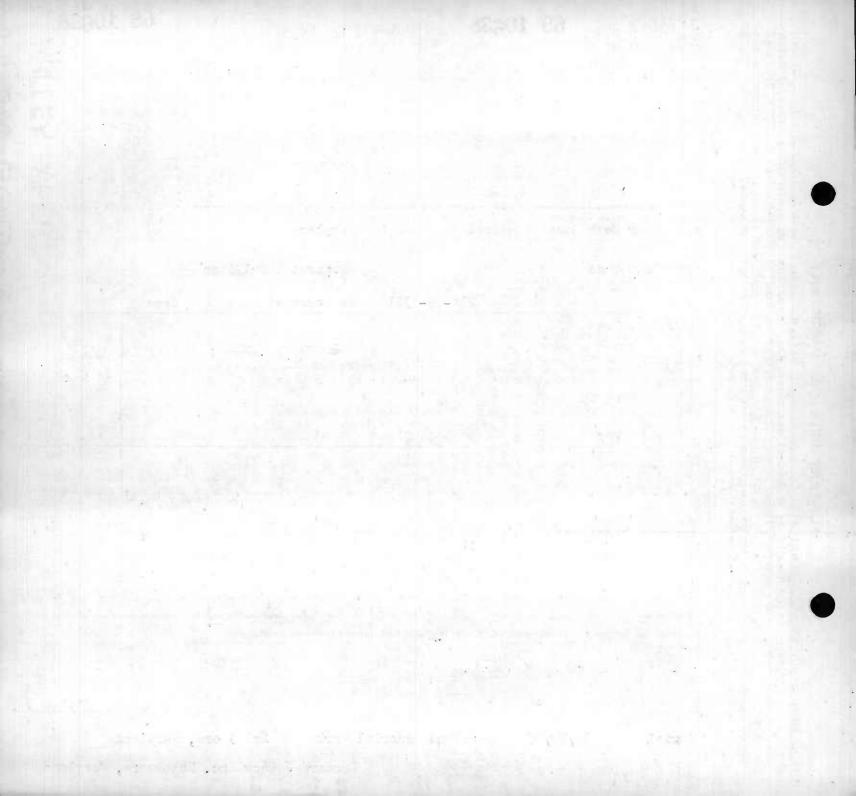


. NAME OF DE		J.		OF	Known 🗆	Month	Doy	Yeor	Hour
PLACE IN BA		Bogucki	RONOUNCED DEAD	DEATH 3. DATE	Estimated 📙	Manth	Day	Yeor	Haur
ULL NAME OF		OSPITAL OR INS	STITUTION, GIVE STREET	PRONOUNC	ED DEAD	10	27	69	10:10 A
OR INSTITUTION			Hospital (DQA)	5. USUAL RESID A. STATE	ence (Where		B. COUNTY	residence b	
. SEX	7. RACE		RIED NEVER MARRIED	C. CITY OR TO			D. INSIDE CI	TY LIMITS?	
Male	lost	WIDON GE (In yeors birthdoy)	MED DIVORCED If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.	Ba E. STREET AND	1timore NUMBER		YE	s 🗴	ио 🗌
	State ar fareign cou	ntry)	12. CITIZEN OF	4918 La		venue	D - 6 1	_2	
	yland	of work 148 KINI	WHAT COUNTRY? USA D OF BUSINESS OR INDUSTRY	VIS MOTHER'S	MAIDEN NA	•	Boguel	K1	
wareho	working life, even if re ouseman	etired) De	pt. Stores				atherine	?	
6. WAS DECEAS Yes, no ar unknawn Yes	SED EVER IN U.S. A	ARMED FORCE dotes of service	5? 17. SOCIAL SECURITY NO. 212-10-1272	Mrs. Ste		ucki	AD	(Same)
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V 1111 00 10		HEALTH DEPARTMENT		60 40040
7-146 69 10	640 CERTIFICA	TE OF DEATH	REG. NO	03 10640
1. NAME OF DECEASED (Type or Print) Me. LARRY M	Koebler	2. DATE	AND HOUR OF DEATH	840 am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		A. STATE B. CO		institution: residence before admission)
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION GOULD S Connected		Baltimo-	re	SIDE CITY LIMITS? YES NO
90 6116 Belank	a 21206 mil		that Are O	
	VED DIVORCED	2 Cug 1882	0 1	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINI dane during nost of working life, even if refired) Rectifyer	O OF BUSINESS OR INDUSTRY	Md.	areign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown Koeb	ker	14. MOTHER'S MAIDEN N Unknown	IAME	191
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of servi		17. INFORMANT Harry C. Knar	op -same	ADDRESS
WAS PERFORMED	ving (B) DUE TO, OR AS (C) Souther	A CONSEQUENCE OF: A CONSEQUENCE OF: LICE & Pripher 20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING C.	if suffery. FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	n or about 21 C. WHERE DIE lince bidg INJURY OCCUR	(It in Baltima	ore City, give exact lacation)
21 D.TIME (Manth) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not Whit Work	e []	INJURY OCCUR?	
22. I certify that (I) (this hospital) attended that (I) (was) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATORE	on 25 Oct e. (I) (We) (did) (did-nat) v Atte	riew the body ofter deat	Shoff Phys.	238. DATE SIGNED 10-27-69
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 10/30/69	c. NAME of CEMETERY of CRE Moreland Mem. Pa		Baltimore, M	City, town, or county) (State)
	ME OF REGISTRAR	2SC. FUNERAL DIRECT		ADDRESS

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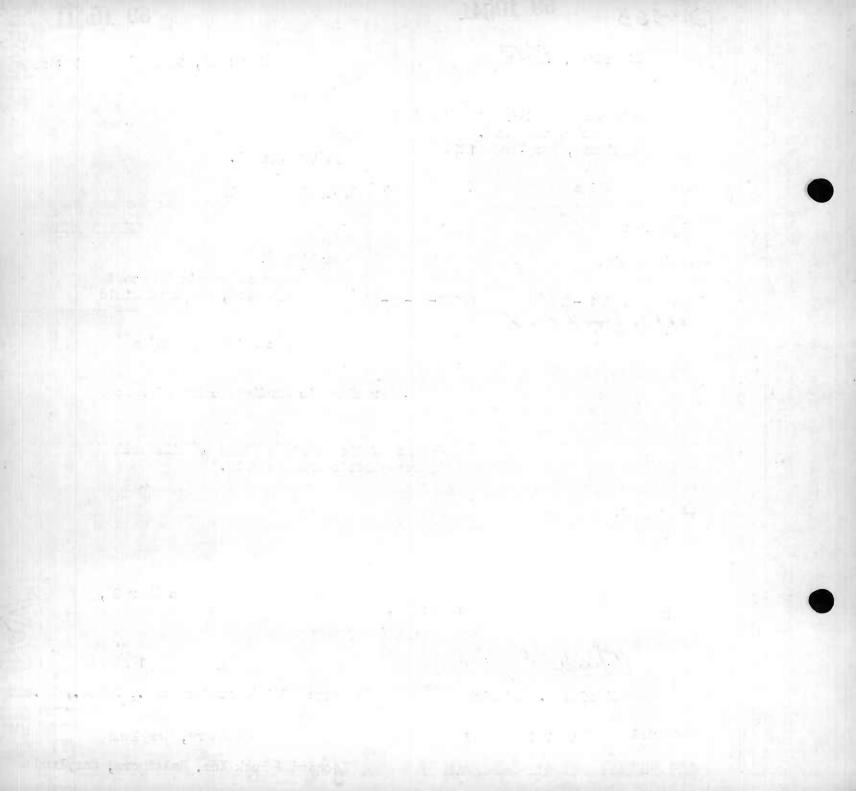
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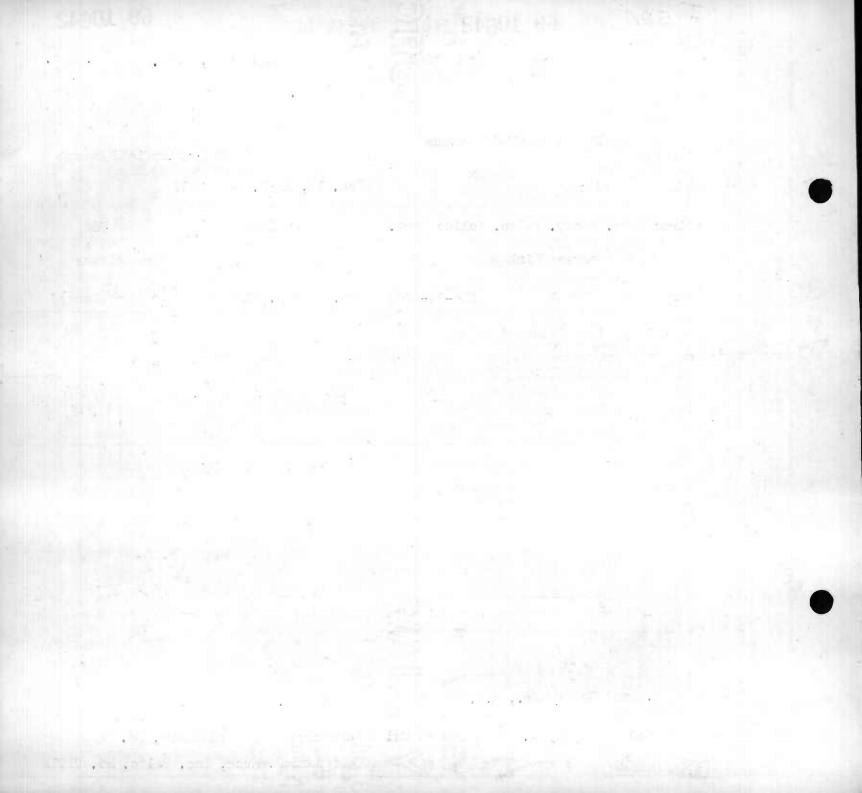
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DIK)-563 TH NO.		10641 CERTIFICA	TE OF DEATH	REG. NO	69 10641
	AME OF DECEASED	rtino, An	drew lrea NMI		ober 26, 1969	9 10 2 45 Am
FUI	LL NAME OF (IF	NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	A. STATE 8. COU	here deceased lived. If in	stitution; residence before odmission)
Z	3900	Loch Rave	istration Hospital on Blvd. yland 21218	BALTIMORE E. STREET AND NUMBER		AES W NO
. s				5707 Nasco		Turn Carlo Car
N	fale W	hite	WIDOWED DIVORCED	2/25/94	9. AGE (In years lost birthdoy) 75	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Shoemaker		108, KIND OF BUSINESS OR INDUSTRY	ITALY	oreign country;	UNITED STATES
	seph Martin	0		Josephine ?	AME	CERTIFIE
15. 1	Wos Deceosed Ever in s, no or unknown) (If yes, Yes 9/4	U. S. Armed For		17. INFORMANTVeter	ans Hospital more, Marylar	
	heart failure, astheni injury or complication ANTECI DISEASES OR CO rise to the above	n which coused EDENT CAUSES NDITIONS, if	death.) Ather any, giving DUE TO, OR AS	sclerotic Card	iovascular Di	isease
TION	OTHER SIGNIFICANT OF THE DEATH SUT N	DITION lost.	(c) Cancer of NTRIBUTING HE TERMINAL hydroneph	the Prostate rosis and Azot		ateral
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MEDICAL CERTIFICATI	OTHER SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITION OF THE DEATH BUT NO DISEASE OR CONDITION OR CONTRIBUTING DEATH (notify medico DEATH (notify medic	DITION lost. CONDITIONS CAUSE OF I exominer)	Cancer of hydroneph (I (A). DITION FOR WHICH OPERATION FORMED 218 PLACE OF INJURY (e.g., i home, form, factory, street, o' etc.) (Hour) 21E INJURY OCCURRED While At North My Ork At Work	20A. AUTOPSY? (Yes or NO nor obout 21C. WHERE DID fisce bidg., INJURY OCCUR? 21F. HOW OID to prember 24 19 69 and diew the bady after death and Director 12 23D. ADDRESS Veterans Admin	No) 208, IF YES, WERE IN CERTIFYING CA (If in Baltimore) NJURY OCCUR? 19 69 ta Octo that in (my) (aur) api	FINDINGS CONSIDERED USES OF DEATH? The City, give exact location) Diporr 26, 19 69 Inian death occurred an the dat 23B, DATE SIGNEO



	AME OF DECEASED o or Print) George Raj	mond Fink	2. DATE AND HOUR OF DE. October 27, 19	69. 11.00 a.
FUL	LACE IN BALTIMORE, MARYLAND, WHERE PRO LINAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		4. USUAL RESIDENCE (Where deceased lived. A. STATE Md.	If institution; residence before admission
HO:	TITUTION		C. CITY OR TOWN Baltimore	INSIDE CITY LIMITS? YES X NO
	O O 2827 Chesterfield	ld Avenue	E. STREET AND NUMBER 2827 Ches	terfield Avenue
S. SI	ex 6. RACE 7. MARRI Male White WIDOW	NEVER MARRIED DIVORCED	Feb. 16, 1897. 9, AGE (In years lost birthdoy) 72	2 If Under 1 Yr. If Under 24 Hrs Monthsi Doys Hours Min.
lone	usual occupation (Give kind of work 108, KIND during most of working life, even if relired) tired Exec. Secty. Balto.		11. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT COUNTR
	George Fink		14. MOTHER'S MAIDEN NAME	rence Leisure
Yes,	Vas Deceased Ever in U. S. Armed Forces? no or unknown) (II yes, give wor or dotes of service Yes)	16. SOCIAL SECURITY NO. 216-34-8208	17. INFORMANT Mrs. Mary B. Fink	ADDRESS (Same)
	near railure, asinenio, etc. Il meons the dise	ose.	CONSEQUENCE OF:	
7	hearl failure, asthenio, etc. It means the diserinjury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giverise to the obave couse (A) stating UNDERLYING CONDITION last.	(B)	a consequence of:	- lu grans
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giverise to the obave couse (A) stoting	ing (B)	Diatter Mulyar	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
L CERTIFICATION	Injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giverise to the obave couse (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 1988. CONDITION F	ing (B)	Diatte Multing 20A. AUTOPSY? (Yes of No) 20B. IF YES, W IN CERTIFYING	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giverise to the obave couse (A) stoling UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 1985. CONDITION FOR CONTRIBUTING CAUSE OF	ing DUE TO, OR AS The (C)	Dighter Multing 20A. AUTOPSY? (Yes of No) 20B. IF YES, W IN CERTIFYING 21F. HOW DID INJURY OCCUR?	CAUSES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giverise to the obave couse (A) stoling UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR CONDITION FOR CONDITION FOR CONDITION FOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	Ing DUE TO, OR AS The (C)	20A. AUTOPSY? (Yes of No) 20B. IF YES, WIN CERTIFYING INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 19 10 19 10 19 19 10 19 19 19 19 19 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19	Itimore City, give exoct locotion) Oct 27 19 69
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giverise to the obave couse (A) stoling UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 1988. CONDITION FWAS PERFORMED CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21A. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive of and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) E. Paul Coffey Jr., 1	Ing DUE TO, OR AS The (C)	A CONSEQUENCE OF: District Multing 20A. AUTOPSY? (Yes of No) 20B. IF YES, WIN CERTIFYING IN CERTIFYING 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	CAUSES OF DEATH? limore City, give exoct locotion Oct 27



5-45	2		BALTIMORE CITY	HEALTH DEPAR	TMENT	69	10643
BIRTH NO.	69	1064	3 CERTIFICA	TE OF DE	ATH Registe	red Na. 00	10040
M.E. CASE NO. I. NAME OF DEC (Type or Print)	CEASED				2. DATE AND HOUR OF	PEATH /	709
	CHRISTOPHER		HLANG, JR.		101	28/69	I A
S. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		A. STATE	B. COUNTY	ived. If'institutio	n: residence before odmissi
FULL NAME	OF (If not in hospital		give street	Md.			2735
HOSPITAL OR	oddress or locotion	n)		C. CITY OR TOW	N (If outside city limit	ts, write RURAL	ond give township)
	2020 2002	37	- D		Balti		
00	3270 3201	Northwa	y Drive	D. STREET ADDR	ESS (If rurol, give loc	cotion)	
						rthway D	rive
. SEX	6. RACE		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	lost highdowl	eors If U	nder 1 Yr. If Under 24 h
Male	White		D. DIVORCED (specify)	March 22,	1925	44	
	UPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		CITIZEN OF
Clerk-Ty		Ft. H	olabird	Ma	ryland		USA
FATHER'S NA	No.			14. MOTHER'S M			ODA
	Christophe	r J. Sc	hlang, Sr.		Be	rtha M	Stallman
W 0:				37 1415	De	- Olice 110	
es, no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT			ADDRESS
Yes	W W 2		212-20-2544	Mrs. Bert	tha Schlang		(Same)
18. // 2	2 X I		CAUSE O	FDEATH			INTERVAL BETWEEN
DISEA	SE OR CONDITION DIE	RECTLY		m			ONSET AND DEATH
	LEADING TO DEATH		(A)	Mayor	carditis		17 months
(This does	nat meon the made al osthenio, etc. It means	dying, e.g.,	DUE TO	0	***************************************		* 444**
	mplication which caused						
	ANTECEDENT CAUSES		(B)				
DISEASES	OR CONDITIONS, if	anv. aivina	DUE 10				
rise to th	e obave couse (A)		(C)	~			• • • • • • • • • • • • • • • • • • •
UNDERLYIN	G CONDITION Iosi.						
	- 11						
OTHER SIGN TO THE D DISEASE OR	IFICANT CONDITIONS COEATH BUT NOT RELA	TED TO TH	E // T/	(D	· ~ D,		3 dena
	CONDITION CAUSING I		Crown v	20A. AUTOPSY	motory Arfach	-17-4	
19A. DATE OF	F OPERATION 198. CON WAS PER	FORMED	WHICH OPERATION	20A. AUTOPST	IN CERTIF	TING CAUSES	IGS CONSIDERED OF DEATH?
21A, ACCIDE	NT WAS UNDERLYING	7 718	DIACE OF MILLIPY		ERE CIO	P. In Cit	
OR CONTRIB	UTING CAUSE OF	hoπ	PLACE OF INJURY (e.g., in e, form, foctory, street, of	fice bldg., INJURY	OCCUR?	boltimore City,	give exoct location)
)	y medical examiner	etc.	,				
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HO	W DID INJURY OCCUR	?	
(APPROX.)		Wh	ile At Not While				/ 1
22 1	.15 . 415 / .1			- 9/11	168	10	128/ 6
22. I certify	that (I) (this hospital) oftended t	2/	2/1/5	19 de to		20 J 19 0
that (I) (we) lost sow the decease	d olive on	7//.	3/1969	ond that in (my) (our) opinion o	leath occurred on the d
and hour on	d from the couses stat	red obave. (I) (Wa) (did) (d idasət) v	iew the body of	ter death.		
23A. SIGNATU	URE					23 B, I	DATE SIGNED
1//6	wo BB	colley	M.D. Atte	nding Me	ed. Staff Phys.	/	1/28/15
23 C. PHYSICIA	AN'S	colley		23D. ADDRESS	ector rnys		0/20/6/
NAME (Type)	T TOY			lain Pood	21206	
	BERT B. BRAD		M.D.		lair Road		
AA. BURIAL CRE		24C. N.	AME of CEMETERY of CRE	MATORY	24D. LOCATION	(City, tow	rn, or county) Stote
Burial	10/31/6	9. Bal	timore Nations	al Cemeter	V Rollia	LM one	
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL		ore, Md.	ADDRESS
OCT 3	0 1969 Oabert	E, valo	MAG E	Leonar	d J. Ruck, In	nc. Balta	o. Md. 2121h
S 150-REV. 1/1/	65	9 4	The Court of the C	186	2-8		
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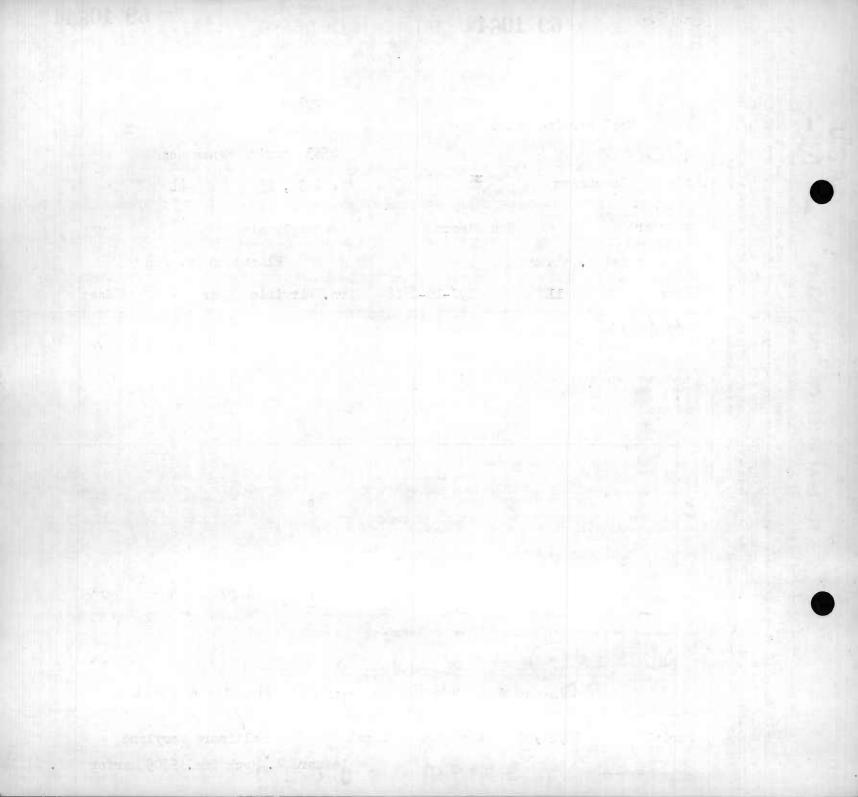
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Appendix of the control of the contr

of death

11 11=1		BALTIMORE CIT	THEATTH DELAKIMENT		CO 40044
BIRTH NO.	69 1064	4 CERTIFICA	TE OF DEATH	REG. NO	69 10644
Type er Print)	el R	Ulmer		24-69	7 A M
3. PLACE IN BALTIMORE, MARYLAND	, WHERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceesed lived. If i	institution; residence befere edmission)
FULL NAME OF (IF NOT IN HO ADDRESS OR L	SPITAL OR INSTI	TUTION, GIVE STREET	Maryland c. CITY OR TOWN	D INS	SIDE CITY LIMITS?
2553 Perri	ng Manor	Road	Baltimore		YES TO NO
00			E. STREET AND NUMBER 255 5 Perring	Manor Roa	d
Male 6. RACE Caucasian	7- MARRIED	NEVER MARRIED DIVORCED	April 30, 25	AGE (In yeers	If Under 1 Yr. If Under 24 Hrs. Menths Days Heurs Min.
OA. USUAL OCCUPATION (Give kind of		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreig	n country)	12. CITIZEN OF WHAT COUNTRY
lene during mest ef werking life, even if retir Reporter		Papers	Pennsylvania		USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM		USA
Daniel C. Ul	mer		Eliza	beth Swans	son
5. Was Deceased Ever in U. S. Armed	Ferces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give war at	dotes et service)	151-111-2828	Mrs. Virginia	Ulmer	Same
	DIRECTLY				
21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical exeminat)	ATH and dying, e.g. bons the disease used death.) USES if any, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART I (A). CONDITION FOR PERFORMED	(B)	OSE CONSEQUENCE OF: SA CONSEQUENCE OF: 20A. AUTOPSY? (Yes et Ne) No in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
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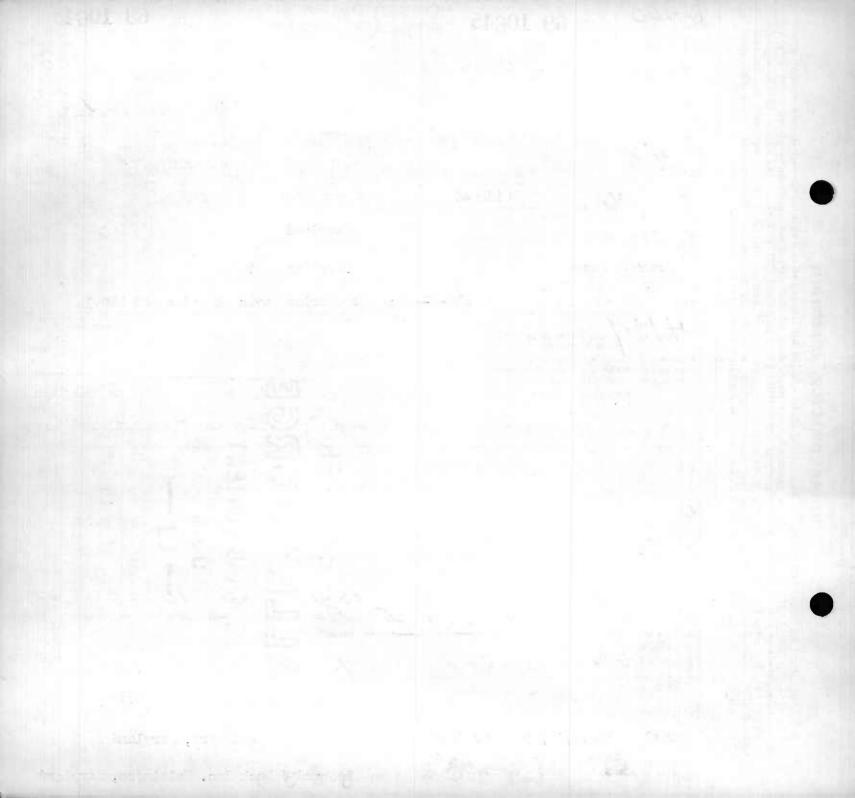
BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

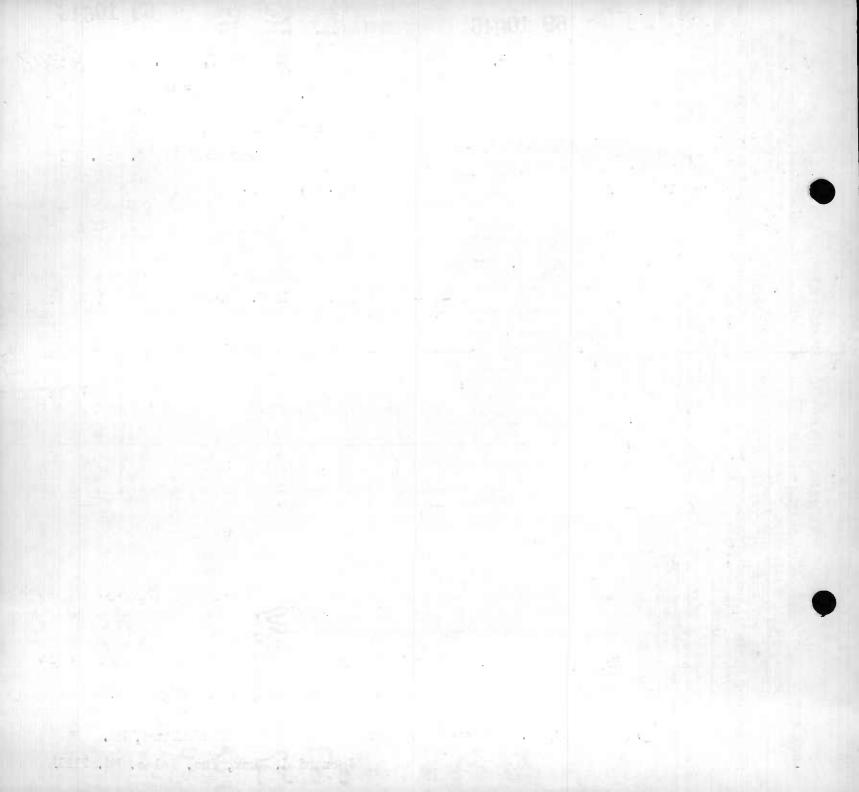
chief

VS 150-REV, 1/1/65

If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? 45. ADDRESS 2 Malbay Ct 21093 INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (any) (aur) apinian death accurred an the date 23B, DATE SIGNED (City, town, or county) Rock Inc. Baltimore, Maryland



H- 5%	25 69	10646		TE OF DEATH	REG. NO	69 10646		
BIRTH NO. 1. NAME OF DI (Type or Print)			HANSEN	2. DATE AN	er 27, 1969	• 1 8:30P		
3. PLACE IN B. FULL NAME O HOSPITAL OR INSTITUTION	OF (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	INCED DEAD	A. USUAL RESIDENCE (When a. STATE B. COUN Md. C. CITY OR TOWN Owings Mills	Pall G			
42	SINAI HOSPI	TAL		E. STREET AND NUMBER	anted Hills	Rd. Apt. 107		
s. sex Female	6. RACE White	7- MARRIED [WIDOWED [NEVER MARRIED DIVORCED	B. DATE OF BIRTH Aug. 11, 1907	9. AGE (In years lost birthdoy) 62	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.		
done during most	CUPATION (Give kind of wor of working life, even if retired) ISEWIFE	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore		USA		
13. FATHER'S N		L. Co	oper	14. MOTHER'S MAIDEN NA	? Car	y		
5. Wos Deceos Yes, no or unknow NO	ed Ever in U. S. Armed Fo wn) (If yes, give wor or dot	rces?	1 6. SOCIAL	B Mr. Carl V.	Hansen	(Same)		
heort foilur injury or c DISEASES rise lo	LEADING TO DEATH in not mean the mode of e, ostherio, etc. It means omplication which caused ANTECEDENT CAUSE OR CONDITIONS, if the above cause (A) NG CONDITION lost.	d dying, e.g., s the disease, d deoth.) S ony, giving	a	JSE Coronary A CONSEQUENCE OF: There sele		10 yer		
TO THE DE	NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO C CONDITION GIVEN IN PA OF OPERATION 1198. COI	THE TERMINAL RT 1 (A).		20A. AUTOPSY? (Yes or No		10 gra		
21A. ACCIE OR CONTR DEATH (no	WAS PEI	RFORMED 21B.	PLACE OF INJURY (e.g., e, form, foctory, street, o	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	IN CERTIFYING CA	USES OF DEATH? re City, give exoct locotion)		
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED le At		URY OCCUR?			
that (I) (w	22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an 10-17 19 69 and that in (my) (our) opinion death occurred on the date and have and fram the causes stated above. (I) (We) (did) (did not) view the body after death.							
23A. SIGNA	States 1 DUS	noor	2 9ND AMPHY OEGREE PHY	Med. Director 23D. ADDRESS	Staff Phys.	238. DATE SIGNED 10-29-69 Pallo Mod 2121		
24A. BURIAL C	REMATION, 248, DATE		OEGREE AME of CEMETERY OF CR	No View		ity, town, or county) (Stote)		
Bur:	ial 11/1/	258 NAME C		2SC. FUNERAL DIRECTOR	R	ADDRESS		
VS 150-REV. 1/		Jacker	TELL O	1 Contard A. Au	ick, inc. ba	1to. Md. 21214		



		BIRTH NO. 69-1923 ROCKER CERTIFICATE OF DEATH REG. NO. 69 10647
	and eath ased the	
	f de ecea on h. S	(Type or Print) (TO CKRP 7 a Gally, Brog 2. DATE AND HOUR OF DEATH
	De	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	a hospit cause of se; (5) De indance to death	HOSPITAL OR ADDRESS OR LOCATION STITUTION, GIVE STREET Morlyland - Bultimore 260
		INSTITUTION D. INSIDE CITY LIMITS?
	in and and and and and and and and and an	Church Home and Hospital Butting YES NO
	er d tire	313 g wends in (14g 14
	525500	5. SEX 6. RACE NEVER MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years II Under 1 Ye. , II Under 24 Hrs.
	ontri ermi regu	maile white WIDOWED DIVORCED 488A.M, 10-23-69 Months Doy's Hours Min.
	or co Indete s in dece	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
	7 7 7 4 4	13. FATHER'S NAME
-	rect (4) (w the spo	& Edward Crocker Rebeccon Long.
Z	* · · · · · · ·	15. Wes Decensed Ever to 11. S. Arned Ever 2
ORTA	th th de ki	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. SECURITY NO.
MPO	his as so, if of any unced tenda	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	- d . o - E	LEADING TO DEATH (A) IMMEDIATE CAUSE CONTROL TO
ä	pron pron ar ar	heort failure, osthenia, etc. It meons the disease, injury or complication which coused deoth.) DUE 10, OR AS A CONSEQUENCE OF: Journ to ge
0	fra o Be	ANTECEDENT CAUSES
ECT	xan xan wh wh	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the
DIRE	an an sin	UNDERLYING CONDITION last, (c) - how Apower score enter 1
AL D	medical burns; hysicia n was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
ER/	Hy bu	I TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIDEASE OR CONDITION GIVEN IN PART I (A).
UNER	Bo de the	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
II.	tal by tal by here No ph befor	U 21A ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? V 21A ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?
	0.0 5 3 20	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21E HOW DID INJURY OCCUR
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	5-5-5-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6	that (I) (we) lost saw the deceosed olive on
	sed sed snt spit eat	and hour and from the couses stated abave. (1) (We) (did) (did nat) view the body ofter death.
	must be a released to accident of a hospital r to death),	1 Comment of the people of the physical Director Physical
	s reis	23C. PHYSICIAN'S NAME (Type) DEGREE Phys. Director Phys. Med. Director Phys. Dir
:	was r A. at a prior	ANATOMY ROARD OF MARYLAND
	the body was response to the body was response (1) An a was D.O.A. at deceased prior	REMOVAL (Specify Control 24D. LOCATION (Store)
	inis cert the body shows: () was D.O decease written o	25A, DATE REC'D BY HEALTH DEST. DES MANUE OF DECISION
i	the show	OCT 3 0 1969 Page & Sales RED. O
		V\$ 150-REV, 1/1/68

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IMPORTANT DIRECTOR: FUNERAL 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. Months Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY ADDRESS Sange APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF (If in Boltimore City, give exact location) ond that in (my) ((our) point on death accurred on the date 23B, DATE SIGNED

BALTIMORE CITY HEALTH DEPARTMENT

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VS 150-REV. 1/1/68

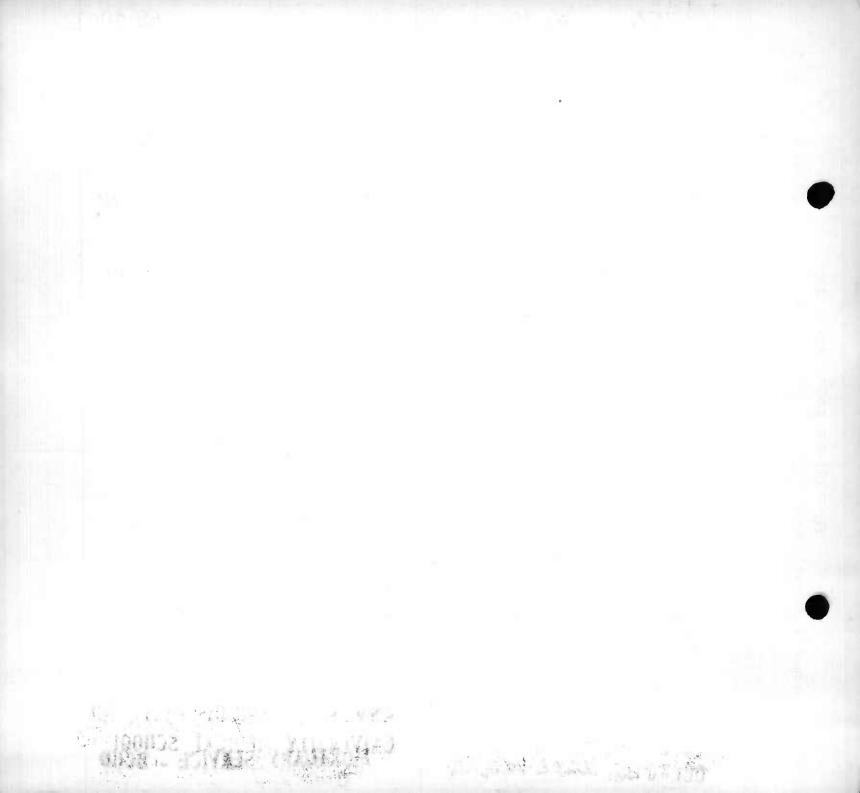
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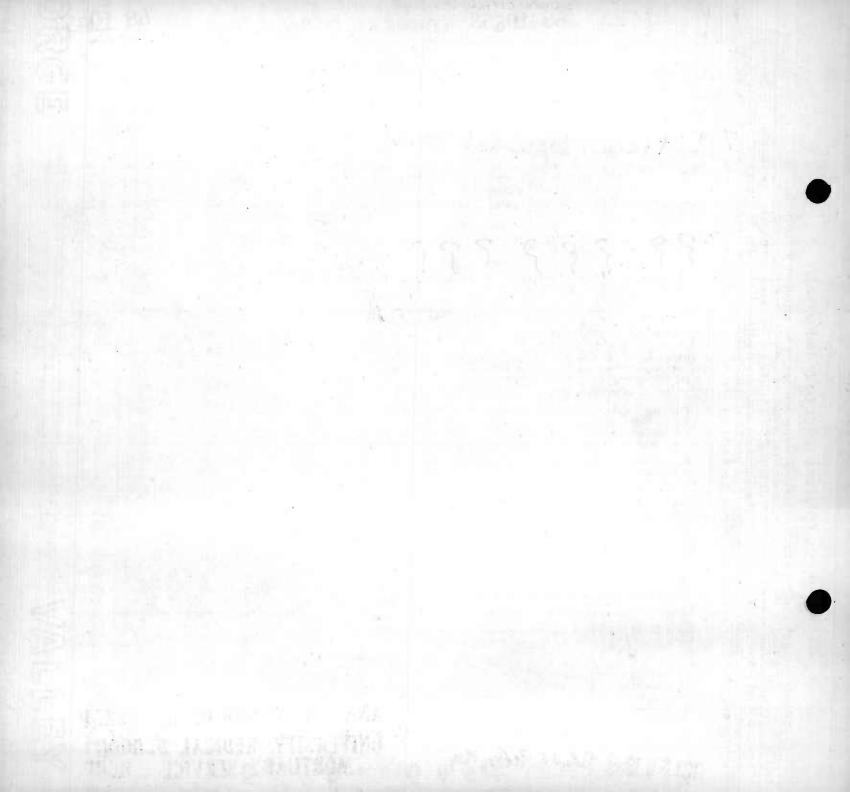
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	RTH NO.	4/1487	70001	CERTIFICA	TE OF DEATH		
	ype ar Print)	10.01	SIRL -	THURMAN	2. DATE AN	D HOUR OF DEATH	1 17:15 8
3.	PLACE IN BALTIF	MORE MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE IWher A. STATE & COUN	e deceased lived. If	institution: residence before admission)
- ∥ H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	MARY LAN	M)	SIDE CITY LIMITS?
	7/1	0 1/		1 2	BALTIMOR	2Z	YES NO
	0.0	1 Ma	QIII	teal	E. STREET AND NUMBER 4107 BE	LVIEW	AVE
5.	SEX 6.	RACE	7- MARRIED WIDOWED	NEVER MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeors lost birthday)	if Under 1 Yr. If Under 24 His. Months Days Haus Min.
10/	A. USUAL OCCUP.	ATION (Give kind of wor			11. BIRTHPLACE (State or forei	gn country!	12. CITIZEN OF WHAT COUNTRY?
goi	ne during most of wo	iking life, even if retired!			BALTO. M	1	USA
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NAM		
15.		er in U. S. Armed For			AGNES	THURA	
(Ye	s, no or unknown) (f yes, give war or dot	s of service)	SECURITY NO.	17. INFORMANT	2	UMV. MOSP
	18.776	/ 1		CAUSE OF DEATI			APPROXIMATE INTERVAL
		OR CONDITION DI	RECTLY		High sales	har No	BETWEEN ONSET AND DEATH
	(This does not	mean the mode of thenia, etc. It means	dying, e.g.,	(A) IMMEDIATE CAU	SETMATIME MEN A CONSEQUENCE OF:	n Name Dis	ease 3 days
	injury or campli	cation which caused	death.)				
		CONDITIONS, if		(B)	A CONSEQUENCE OF:		***************************************
	rise lo lhe	obove couse (A)	staling the	(c)	A GOUNT GOTTING CO.		
		11		(0)			***************************************
ATION	TO THE DEATH I	ANT CONDITIONS CO BUT NOT RELATED TO T IDITION GIVEN IN PAR	HE TERMINAL	****************	***************************************		and a superior and a
CERTIFICATI		PERATION 198 CON	DITION FOR V	WHICH OPERATION	20A- AUTOPSYTIVES OF NO	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
₹ S	21 A. ACCIDENT OR CONTRIBUTE DEATH (notify me	WAS UNDERLYING NG CAUSE OF edicol examined	21 B. hometc.)	e, form, factory, street, af	or about 21C. WHERE DID ice bldg., INJURY OCCUR?	(If In Boltime	ore City, give exoct lacation)
MEDI	OF INJURY	Aonth) (Doy) (Year)	- 1	INJURY OCCURRED le At Not While	21F. HOW DID INJU	JRY OCCUR?	
	(APPROX.)	. 160 ()	Wor	k L At Work		Co	1.
		at (1) (this hospital st saw the decease		octobe 18th	/ (9 <u>69 ta 0 C</u> it In(44) (our) ap	Inlan death accurred an the date
		ram the causes stat	ed abave. K	(We) (did) (dide vi) (ew the bady after death.	•	
	23A. SIGNATURE	J.R. Cor	rdl.	/ VIII L / Dhum	nding Med.	Staff D	DE DATE SIGNED 17969
	NAME (Type	0 - 0 -	SUEZ	DEGNEE	3D. ADDRESS	- 14 - Ol	
24/	A BURIAL CREMA	TION, 24B, DATE	Anne	ME of CEMETERY of CAL	WATON ON VINA	FURKY	The town (State)
	REMOVAL (Spe	(ity) 10-23-	- 1	A	MATURILI DOM	CDICIE 1114	CHOO!
25/	A. DATE REC'D BY		258 NAME O	F REGISTRAR	PSC. ELMEDIL DIRECTOR	EDICAL	ADDRESS
酰	T30 1969	Waber E.	adders Mi	4 9 19 17	MORTUARY	SERVIC	E - BCHD

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CO 40 == BALTIMORE CITY	HEALTH DEPARTMENT
Jan. 110.	TE OF DEATH REG. NO. 69 10652
(Type or Print)	2. DATE AND HOUR OF DEATH /
Baly Boy dawson	October 11, 69 4:08 Am
3. PLACE IN BALTIMORE, MARY AND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Baltimore, Maryland 60% c. CITY OR TOWN D. INSIDE CITY LIMITS?
1 - 10 // march Has	Boltimore City YES NOT
38 anwersey 100.	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years Il Under 1 Ye Il Under 24 Hrs.
Male N WIDOWED DIVORCED	October 1, 69 lost birthdoys Months Doys Hours Min.
dane during most al working life, even il refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
none	Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alverine Luwson	Permelia Lawren Webb
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Tes, no of unknown) ut yes, give wor of doles of service) SECURITY NO.	mother 811 N. Monrae St
18. — — CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	SE Promoturity and Hughing 10 days
I I his does not made he made of duine an \"/	CONSEQUENCE OF:
injury at complication which coused deoth.	1 membrane disease
ANTECEDENT CAUSES	
	A CONSEQUENCE OF:
rise to the above cause (A) stoling the UNDERLYING CONDITION tost. (C)	
[6]	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	P=====================================
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING [1] 21B. PLACE OF INTURY (e.g., in	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CI CAUSE OR	or obout 210' WHERE DID (II in Boltimore City, give exact location)
DEATH (notify medical examined etc.)	
OF INJURY (APPROXI	215. HOW DID INJURY OCCUR?
APPROX.I While At Not While At Work	
22. 1 certify that (1) (this hospital) attended the deceased from	t.10, 9:pm 1969 10 October 11, 7 m 1969
that (1) (we) last sow the deceased alive an 4 28 Oct 1/	19_69ond that in (my) (our) opinion death accurred an the date
and have and from the causes stated above (1) (We) (did) (did nat) vi	
23A. SIGNATURE	23B, DATE SIGNED
Shih-Wen Huang MDDEGREE Phys.	iding Med. Stoff Drys. Dr October 11, 69
	3D. ADDRESS
SHIH-WEN HUANG MDDOGGE	altering to demander of the transit of
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ACCRUTTATION (Stote)
REMOVAL (Specify) 10-23-69	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	IVERSITY MEDICAL SCHOOL
OCT 3 0 1969 Para & Jake 18 18 18 18 18 18 18 18 18 18 18 18 18	DIVITORITY SERVICE - BCHD DESS
Me 180 Sept 1975	





IMPORTANT

DIRECTOR:

FUNERAL

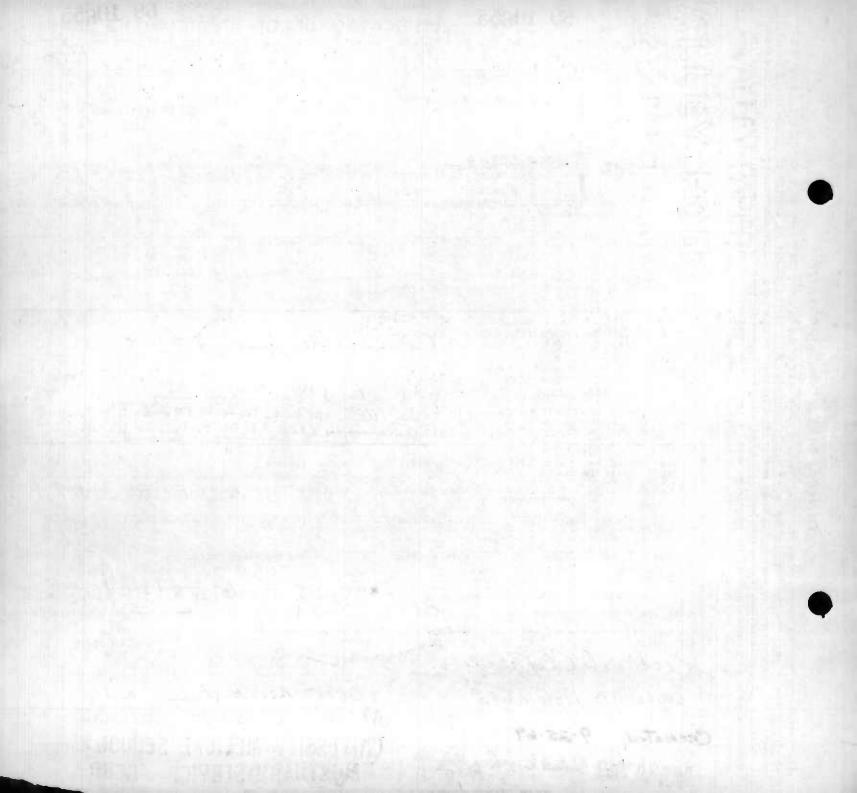
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A 29.	3 69 10	3655		HEALTH DEPARTMENT	REG. NO.	69 10655
IRTH NO.	00 1	7()00	CERTIFICA	TE OF DEATH		000
.NAME OF DECEASI Type or Print)	Honey	101	x +1	2. DATE	2 3 G	1 st An
B. PLACE IN BALTIMO	ORE MARYLAND, WHEE	E PRONOUN	CED DEAD	A. STATE B. COL	nere deceased lived. If	institution: residence before admission)
ULL NAME OF	(IF NOT IN HOSPITAL ADDRESS OR LOCATIO	OR INSTITUTION	ON, GIVE STREET	264.	11/1 tou	AUR 602
NOITUTITE				C. CITY OR TOWN	D. IN	YES NO
145.	1.	1/		E. STREET AND NUMBER		
SEX 6. R	ACE Mulsing	MARRIED Z	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
M	1.1	IDOWED [DIVORCED	9-1996	lost birthdox	Manths Doys Haurs Min.
A. USUAL OCCUPAT	FION (Give kind of work 10E ng life, even if retired)	KIND OF BU	JSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
FATHERIC 11414F			l.	14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	
. Was Deceased Eve	r in U. S. Armed Farces	! 16	S- SOCIAL	17. INFORMANT		ADDRESS
es, na or unknown) (If	yes, give wor or doles o	service)	SECURITY NO.			
18. /41 a			CAUSE OF DEAT	1	~ ;	APPROXIMATE INTERVAL
	R CONDITION DIREC	TLY		, , 11	7-10	BETWEEN ONSET AND DEATH
	DING TO DEATH		(A) IMMEDIATE CAL	ses lesur	at full	~~
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	otian which caused de					
ANT	ECEDENT CAUSES		(20-	12/10	and to	
DISEASES OR	CONDITIONS, if any	aivina	DUE TO, OR AS	A CONSEQUENCE OF:	to the	7
	bave cause (A) sto		man	es diven	- 00	
UNDERLYING C	ONDITION last.		(c) Squa	mas cell	a of touch	e- Action
	. 11					
	NT CONDITIONS CONTR					COLUMN TO A COLUMN TO
DISEASE OR COND	OITION GIVEN IN PART 1	(A).			***************************************	
19A. DATE OF OP	WAS PERFOR		ICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERI IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTION		home,	ACE OF INJURY (e.g., i farm, foctory, street, of	or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltim	are City, give exact lacation)
		four) 21 E. IN	JURY OCCURRED	215 110111 212 11		
OF INJURY	onini (Doy) (Tean (F	While		21F. HOW DID II	AJORT OCCOR:	, , , , , , , , , , , , , , , , , , , ,
		Work	At Wark		60	124/12
22. I certify tha	t (I) (this haspital) a	ttended the	deceased from	8/8	19 05 to 8	1 = 1 / 65 19
that (I) (we) los	t sow the deceased o	live on	0127	965 and	that in (my) (aur) o	pinion deoth occurred on the do
and have and fra	m the couses stated	above. (I) (waj (did not) v	lew the body ofter death		
23A. SIGNATURE	000	Team	-	4:	s. " ==	23B, DATE SIGNED
Cull	up the	juge	DEGREE hy		Staff Phys.	
23C. PHYSICIAN'S NAME (Type)	1) Apole	Ed D		6615 New	tista	KI
A. BURIAL CREMAT	ION, 24B. DATE	24C. NAM	E of CEMETERY of	MACTOMY IN.	ARRIONE MO	Store (Stote)
REMOVAL (Speci	9-25-69	?			100 01 111	0.0710.08
SA. DATE REC'D BY		NAME OF	REGISTRAR	2 C FUND AU DIRECT	MEDICAL	CHO CADDRESS
	CO DE AR	Sadden !	76-6A 3			



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BIRTH NO.	CEASED			2. DATE Known 🔀 Manth	Day Year Haur
(Type or Print)		LLIE WHE	ELER		r 11, 1969
			RONOUNCED DEAD	PROMICUALICED DEAD	Day Year Hour
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OF	LOCATION)	TITUTION, GIVE STREET (DOA)	5. USUAL RESIDENCE (Where deceased lived, if	r 11, 1969 4:45 A.
			A. Hospital	A. STATE Maryland B. CC	2101
Male	7. RACE Negro	8. MARI	RIED NEVER MARRIED NED DIVORCED	C. CITY OR TOWN Baltimore	YES X NO
9. DATE OF BIR	TH 10. A	GE (In years birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.		
				934 Ridgely Street	
11, BIRTHPLACE	(State ar fareign cau	ntry)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
	UPATION (Give kind working life, even if re		OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
	SED EVER IN U.S.			IB. INFORMANT	ADDRESS
Tes, na ar unknaw	n)(If yes, give war or	dates of service	SECURITY NO.		
DISEA	SE OR CONDITION			sclerotic cardiovascular d	isease
(This does heart foiluin injury or co	not meon the mode, asthenia, etc. It me mplication which cau antecepent CAUS OR CONDITIONS, HE ABOVE CAUSE (ING CONDITION II) NIFICANT CONDITION ARE CONDITION OF THE CONDITION	of dying, e.g., ans the discose, sed death.) SES IF ANY, GIVING A) STATING THE LAST. DISCONTRIBUTED TO THE TERM IN PART 1 (A)	(A)IMMEDIATE DUE TO, OR (B) DUE TO, OR (C)	CAUSE AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	21. AUTOPSY? (Yes ar No
OTHER SIGN TO THE DISEASE COLOR OTHER SIGN TO THE DISEASE COLO	not meon the mode, asthenia, etc. It me mplication which cau antecepent CAUS OR CONDITIONS, HE ABOVE CAUSE (ING CONDITION II) NIFICANT CONDITION ARE CONDITION OF THE CONDITION	of dying, e.g., ans the discose, sed death.) SES IF ANY, GIVING A) STATING THE LAST. DISCONTRIBUTED TO THE TERM IN PART 1 (A)	(A) IMMEDIATE DUE TO, OR (B) DUE TO, OR (C) ITING AINAL FOR WHICH OPERATION W	CAUSE AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	21. AUTOPSY? (Yes ar No
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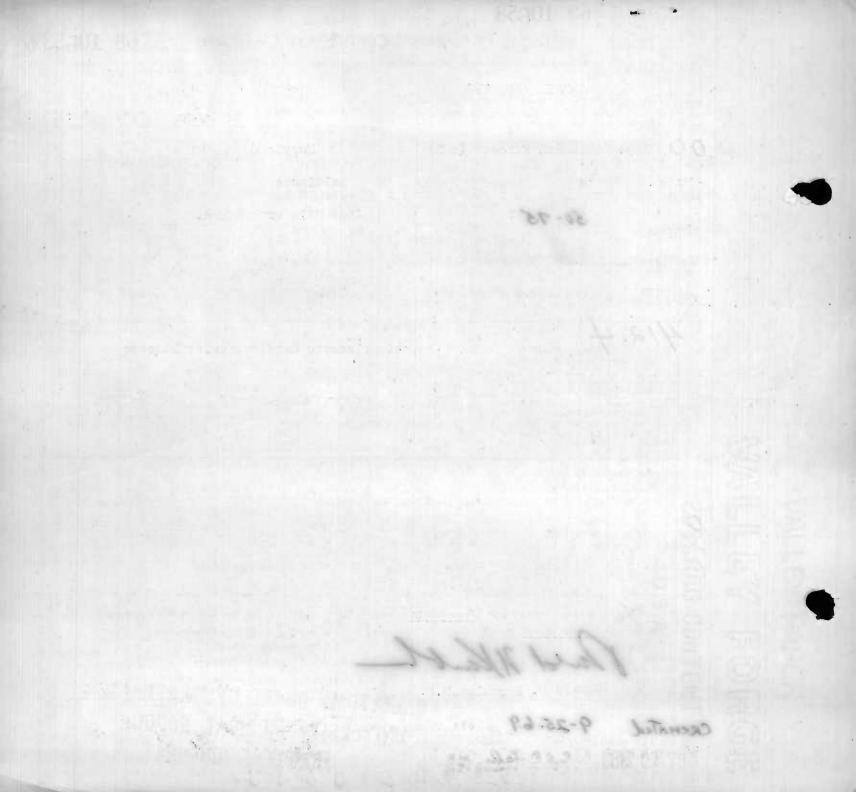
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CHARLESTLE WATER STREET

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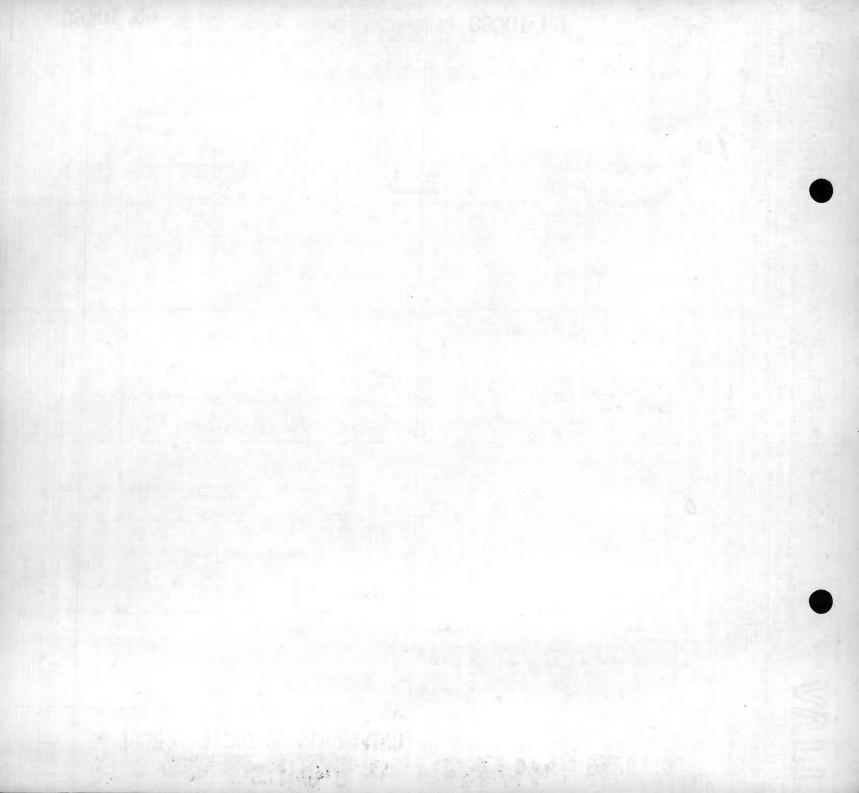
C.	-321	7 00	T020	BALTIMORE CITY	HEALTH DEPA	RTMENT				
0		N	MEDICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H H	69	10658
BIRTH N	10.						Pilel	KEG. NO.		
	E OF DECEA	SED			2. DATE	Known 🗍	Month	Doy	Year	Hour
(Type or	rrint)	FRANI	KIN SCH	EETS	OF DEATH	Estimoted 🔲				M.
4. PLAC	E IN BALTIN			ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NA		(IF NOT IN HO	OSPITAL OR INS	TITUTION, GIVE STREET	PRONO	UNCED DEAD	Sente	mber 3,	1969	10:15 A.
HOSPITA OR INSTI		ADDRESS OR	LOCATION)		E DELIAL D	ESIDENCE (Where				M
00	^	8 Ellswo	nth Str	et (DOA)	A. STATE		1	B. COUNTY	; residence b	7 / /
6. SEX		RACE			C. CITY OR	Maryland		D. INSIDE CI	TV HAAITS2	00/
				IED NEVER MARRIED	- P-			D. IIVSIDE CI		
	ale	White	WIDOV			ltimore		YE	S L	ио Ц
y. DATE	OF BIRTH	lost b	olrthdoy)	Months Doys Hours 1	Min.	AND NUMBER				
			olrthdoy)			Ellsworth	Stree	t		
11. BIRTI	HPLACE (Stot	e or foreign cour	ntry)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME				
		72]	11-6	WHAT COUNTRY						
14A.USU	AL OCCUPA	TION (Give kind o	of work 14B. KIND	OF BUSINESS OR INDU	STRY 15. MOTHE	R'S MAIDEN NAN	ΛĒ			
30110 30111	119 11103101 #011	king the, even the								
16. WAS	DECEASED	EVER IN U.S. A	RMED FORCES	? 17. SOCIAL SECURITY NO.	18. INFORM	MANT		AC	DDRESS	
(Tes, no o	or unknown) (IT	yes, give wor or	dotes of service	SECURITY NO.						
19.	1/10	11		CAUSE OF I	DEATH					PROXIMATE INTERVAL
	7/9		I D I D E G T I V	A *** a *	ud as a lawa	tic Cardio		an Dian		EEN ONSET AND DEATH
		OR CONDITION ADING TO DEAT				LIC Caldio	vascul	ar bise	ase	
(1		meon the mode		(A)IMMEDIA	OR AS A CONSEQ	LIENCE OF:				
		thenio, etc. It med icotion which cous		50210,	O. A. A. C. O. T. S. C.	oerroe or .				
		ECEDENT CAUS		(B)						TO A DO A A COO O COO O COO COO COO CO
D	ISEASES OR	CONDITIONS, I BOVE CAUSE (A	IF ANY, GIVING	DUE TO,	OR AS A CONSE	QUENCE OF:				
U		CONDITION L		(c)						
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¥ 0		CANT CONDITIO								
CERTIFICATION	O THE DEATH	BUT NOT RELAT	TED TO THE TERM IN PART 1 (A)	INAL						
20A.				FOR WHICH OPERATION	WAS PERFORM	NED			21. AUTO	PSY? (Yes or No)
5									_	
₹ 22A.	EYTEDNA	L CAUSE WAS		22B. PLACE OF INJURY	e a lin or chout 2	2C WHERE DID /	If in Boltimor	e City alve evo		10
		OR CONTRIB-		home, form, foctory, street,	office bldg., etc.)	NJURY OCCUR?	(ii iii boiiiiioi	o City, give exo	crioconony	
		E OF DEATH.	44 > 44	· 1		25 110111010 1011	111011 0 001	100		
	TIME (Ma	onth) (Doy)	(Yeor) (Hou			2F. HOW DID INJ	JURY OCCU	JK?		
(APF	PROX.)				NOT WHILE					
23.										
				Inspection X	Autopsy L	ond that an th	nis basis,	death in my	opinion	
	resulted	from: Naturo	l causes X	Accident Su	icide 📙 Ho	omicide 🔲 👢	Undetermir	ed monner		
		//	11	11/1/		CHIEF MEDICAL E	XAMINER			DATE SIGNED
	ACTUAL	1 low	4/ 11	1/1. 10 h	ASSI	STANT MEDICAL E	XAMINER	X		DATE SIGNED
	SIGNATURI EXAMINER			Jo com -	_M.D.	CIATE MEDICAL E	YAMINER			
	NAME (Typ		d N. Kon	nblum, M.D.	A550	T DO LDT	OF !	IVSAN	ASVA/	69
	RIAL CREMA			24C. NAME of CEMEN	ERY A SHEMATO	RY DU AZOL	COCATION	(City, fown	, or county)	(Stote)
REMOV	AL (Specify)	0-	25-69	A.		PORT BEEF	TADIO	SCHO	OI	
CRE	HAREd	, -		1	INIVERS	I X MEI	JILAL	SCHO	DDDESS.	
25A. DA	ATE REC'D BY	HEALTH DEPT.	25B. N	AME OF REGISTRAR	250.	FUNERAL DIRECTO	TOTAL	maga A	DDRESS	
00	1301	202 168	45	400		AL STREET	L MI	TUDAL	7	
VC 151 D	EV 1/1/49				100		1			



	11-252	69 10	359 BALTIMORE CITY	HEALTH DEPARTMENT			
Ľ		MEDIC	AL EXAMINER'S	CERTIFICATE O	F DEAT	H REG. NO.	69 10659
-	RTH NO.					X20.110.	
(Ty	NAME OF DECEASED J	James-	McKnight	2. DATE Known A	Month 8	30	Yeor Hour 69 6:10 a. M.
	PLACE IN BALTIMORE,			3. DATE	Month	Doy	Year Hour
FU H	SMIRTIF	OT IN HOSPITAL OR	INSTITUTION GIVE STREET	PRONOUNCED DEAD	8	30	69 6:10 a. M.
	Maryland Ge			5. USUAL RESIDENCE (Who A. STATE Maryland		ived. If institution B. COUNTY	residence before admission)
6.	SEX 7. RACE		ARRIED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE C	ITY LIMITS?
	nale whit	e WII	DOWED DIVORCED rs	Baltimore Brs. E. STREET AND NUMBER		Y	ES NO
		lost birthdoy)	Months Doys Hours N	1629 St.	Paul Si	t.	
11.	BIRTHPLACE (State or lare	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME			
14A don	.USUAL OCCUPATION (G e during most of working life,	ive kind af work 148. K even if retired)	IND OF BUSINESS OR INDUS	TRY 15. MOTHER'S MAIDEN NA	AME		
16.	WAS DECEASED EVER IN	V U.S. ARMED FOR	RCES? 17. SOCIAL	18. INFORMANT		A	DDRESS
(Te	s, na ar unknawn) (If yes, give	war or dates af ser	vice) SECURITY NO.				
	19.E 465 XI		CAUSE OF D	EATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CON						DETRICATION OF AND DESIN
	LEADING (This does not mean th	e mode of dving.	.d.,	ECAUSE Shot gun WO	und of	abdomen	
	heart foilure, osthenia, e Injury or complication w	tc. It means the disect hich coused death.)	ise,	A A CONSEQUENCE OF:			
	ANTECEDEN		(8)				
	DISEASES OR CONDI	TIONS, IF ANY, GIV	ING DUE TO, O	OR AS A CONSEQUENCE OF:			
Z	UNDERLYING CONDI	ITION LAST.	(c)				
CERTIFICATION	OTHER SIGNIFICANT CO	T RELATED TO THE T	ERMINAL				
RTI	DISEASE OR CONDITION		ON FOR WHICH OPERATION	WAS PERFORMED			In Autonom (V)
							21. AUTOPSY? (Yes ar No) Partial ves
EDIC/	UNDERLYING OR COL	NTRIB-	name, form, foctory, street, o	g., In ar about 22C. WHERE DID INJURY OCCUR?		1 1	ct lacotion)
	22D. TIME (Manth)		home	1629 St.	Paul St	JR?	
		30 69 5:	38m. WHILE AT WORK	OT WHILE		tercation	on.
	23. 1 certify that I	held an Inquir	y Inspection	artiaL	- 2 -	death in my	
		Natural causes	¬ -	ide Hamicide X		ned manner	_
	ACTUAL	. 1	1	CHIEF MEDICAL			
	SIGNATURE	myl	W · M				DATE SIGNED
	EXAMINER'S V	Jerner II	Spitz, M.D.	ASSOCIATE MEDICAL Deputy Chief Med:	EXAMINER	Ц.	
241		WEITIEL U.	DULLE, LIVE.			aminer	8/31/69
RE/		248. DATE	24C. NAME of CEMETER	Y A CYEAN DWAY BE	HOLING	Com in	8/31/69 (Slote)
RE/	BURIAL CREMATION, MOVAL (Specify)	9-25-69	24C. NAME of CEMETER	INIVERSITY	PRIPY)FICM'AT	(Slote)
RE/	L. BURIAL CREMATION, MOVAL (Specify) CEMATED L. DATE REC'D BY HEALTH	248. DATE 9-25-69 DEPT. 468	24C. NAME of CEMETER	UNLY REAL OWN Y BO	MEDIC)FICM'AT	
25 /2	L. BURIAL CREMATION, MOVAL (Specify) CEMATED L. DATE REC'D BY HEALTH	9-25-69	24C. NAME of CEMETER	UN LERSATORECT HOSPIT	ARD ()FICM'AT	(Slote)

M as VS 150-REV. 1/1/6B

om 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? YES L NO If Under 1 Yr. Manths: Days If Under 24 Hrs. Haurs Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (egg) aplnian death accurred an the date 23B, DATE SIGNED



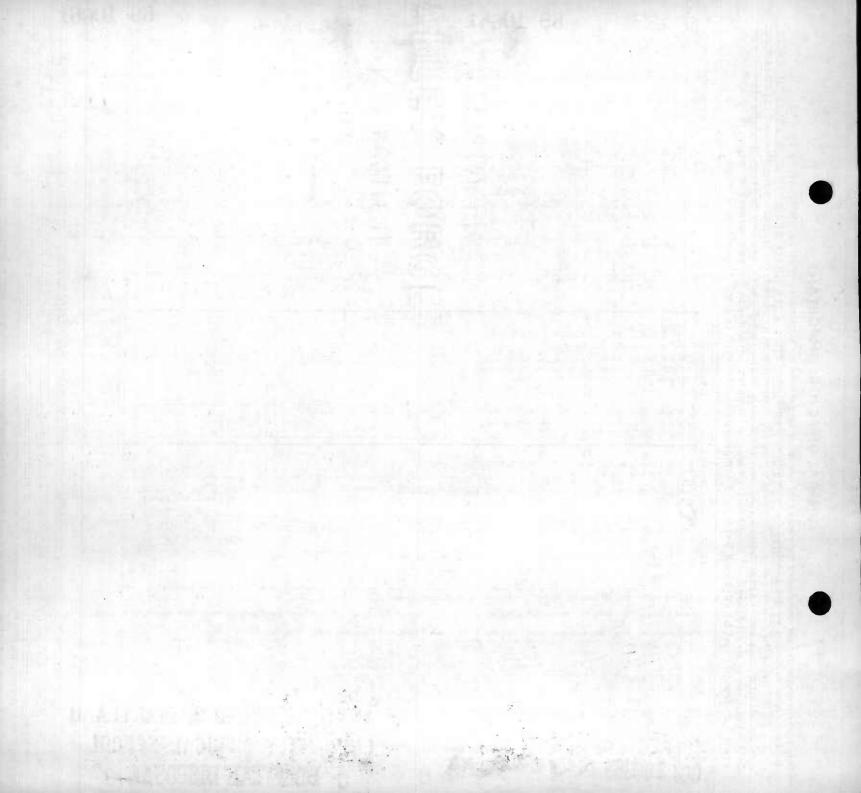
IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

If Under 24 Hrs.

2/1/31

Relieb Det song ma.

(5-120 69 10663 BALTIMORE CITY HE MEDICAL EXAMINER'S	EALTH DEPARTMENT	DEAT	ш	00	10.00
BIE	RTH NO.	CERTIFICATE OF	DEAT	H REG. NO	03	10663_
-	NAME OF DECEASED	2. DATE Known X	Month	Doy	Yeor	Hour
(Ty	Carl Speck	OF DEATH Estimoted	9	27	69	3:20 p M.
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE	Month	Doy	Yeor	Hour
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	PRONOUNCED DEAD	9	27	69	3:20 p M
	00 514 E. Pratt St.	5. USUAL RESIDENCE (Where A. STATE Maryland		B. COUNTY	residence b	/ O
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS!	
n	nale white WIDOWED DIVORCED D	Baltimore	2	YE	s \square	по 🗆
9.	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER			,	
	lost birthdoy) 59 Months Doys Hours Min.	514 E. Prat	t St.	,		
11.	BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	M.E.			
14A don	LUSUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRIE during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAN	NE .			
16. (Ye	was DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT		AD	DRESS	
NO	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	CAUSE FATTY Alterat AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	ion o	f liver		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W				yes	PSY? (Yes or No)
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g. home, form, foctory, street, offi	, in or obout 22C. WHERE DID (ce bldg., etc.) INJURY OCCUR?	lf in Boltimo	re City, give exo	ct locotion)	
Σ	(APPROX.) m. WORK AT	T WHILE 22F. HOW DID IN J	URY OCC	UR?		
	Certify that I held on Inquiry Inspection Accident Suici	utopsy X and that on the	Jndetermi	death in my	7	
	ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz M.D.	ASSISTANT MEDICAL E	XAMINER	aminer.	7	pare signed

ACTUAL
SIGNATURE
EXAMINER'S
NAME (Type) Werner U. Spitz M.D.

Deputy Chief Medical Examiner

24A. BURIAL CREMATION, 24B. DATE
REMOVAL (Specify)

CREMATER

25B. NAME OF REGISTRAR

VS 151-REV. 1/1/68

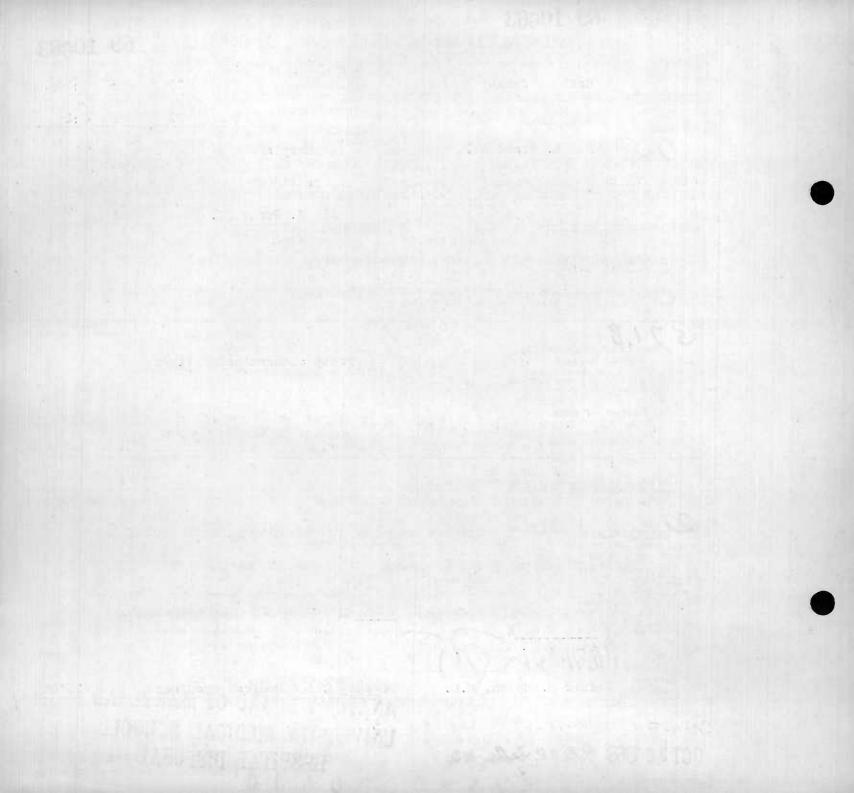
DATE SIGNER

ASSISTANT MEDICAL EXAMINER

Deputy Chief Medical Examiner

9/28/69

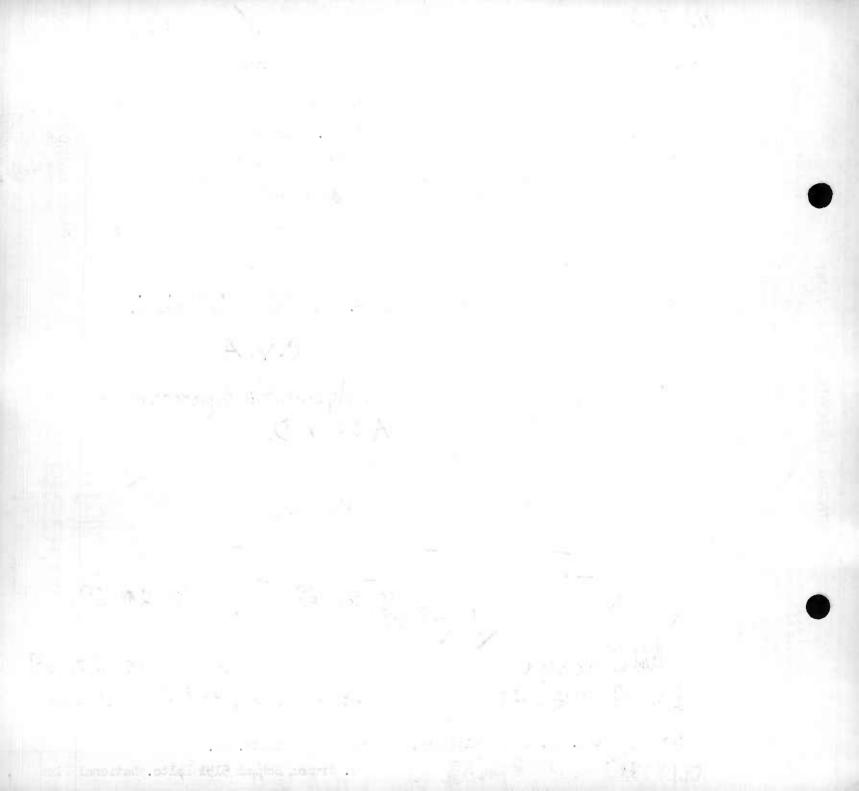
24C. NAME of CEMETERY ARMATORY BY ARMA



3	1	M-450 69 10664 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 69 10664
123	death death and n the Such	BIRTH NO. 1. NAME OF DECEASED IType or Print) TONES A. MULLANEY 1. C. DATE AND HOUR OF DEATH 1. C. DATE AND HOUR OF DEAT
8	a hospita cause of ise; (5) Dec endance o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS?
3(outing ar atte prior	E. STREET AND NUMBER 4631 BBURY AVE. 21286
7	occu ntrik rmin egul ased s ma	5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years loss bighday) Hours Min. Hours Min. Months Doys Hours Min.
Chan	0 0 - 6	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country) Housewife Bak Emmitsburg, Nd. U.S.A.
£ =	# 5 € 3 ± 5 d s	Joseph H. Butts Mary Agnes Adesberger
TAY	ssistant the di kind; death nce on final di	15. Wos Decessed Ever in U. S. Armed Forces? If es, no or unknown) (III yes, give wor or doles of service) No John L. Mullaney Jr 4631 Asbury Ave 212 18. 43/9 1 CAUSE OF DEATH
New S	or his a: Also, if re of any nounced attenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. it means the disease,
RECTOR:		injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the above cause IA) stating the UNDERLYING CONDITION lost. (B) DUE TO, OR AS A CONSEQUENCE OF:
NERAL D	ef medical medical dy burns; (3 physician cian was i	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING LEVEL Following shows a Congestion of the DEATH BUT NOT RELATED TO THE TERMINAL
LE FUN	y the cital by e; (2) E / here t No phy before	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? In Certifying Causes of Death? In Certifying Causes of Death? In Certifying Causes of Death? In Certifying Causes of Death? In Certifying Causes of Death? In Certifying Causes of Death? In Certifying Causes of Death? In Certifying Causes of Death? In Certifying Causes of Death? In Certifying Causes of Death? In Certifying Causes of Death? In Certifying Causes of Death? In Certifying Causes of Death? In Certifying Causes of Death? In Certifying Causes of Death? In Certifying Causes of Death? In Ce
X	hospi natur cept w id (6) P	210-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURED OF INJURY IAPPROX.) While AI Work 1
	approperate to the off any all (explain); and be obt	22. I certify that (1) (this hospital) oftended the deceased from 19 19 to 19 to 19 that (1) (we) last saw the deceased alive on 19 ond that in (my) (our) opinion death occurred on the date
	ust be eased ident hospit o deat must	ond bour and from the causes stated above. (I) (We) (did) (did not) view the body ofter deoth. 23A SIGNAPTE Attending Med. Director Phys. Director Phys.
	was An a	22C. PHYSICIAN'S NAME UYPO, RISER ON DEGREE UNION Memorial Asp. 24A. BURIAL CREMATION, 24B. DATE 124C. NAME OF CREMATORY 124D. LOCATION (City form of country) (State)
	bod bod ws: D.G ease	Burial 10-29-69 Baltimore National Cemetery Balto. M.
	the sho	254. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 256. JUNERAL DIRECTOR 250. JUNERAL DIRECTOR 250. JUNERAL DIRECTOR ADDRESS John (. Willer Inc-6415 Belair Rd21206) VS 150-REV. 1/1/68

115 THE VIT 450 ---(Market per la traine a first to the first t has the exclused proceedings the party store a copies of

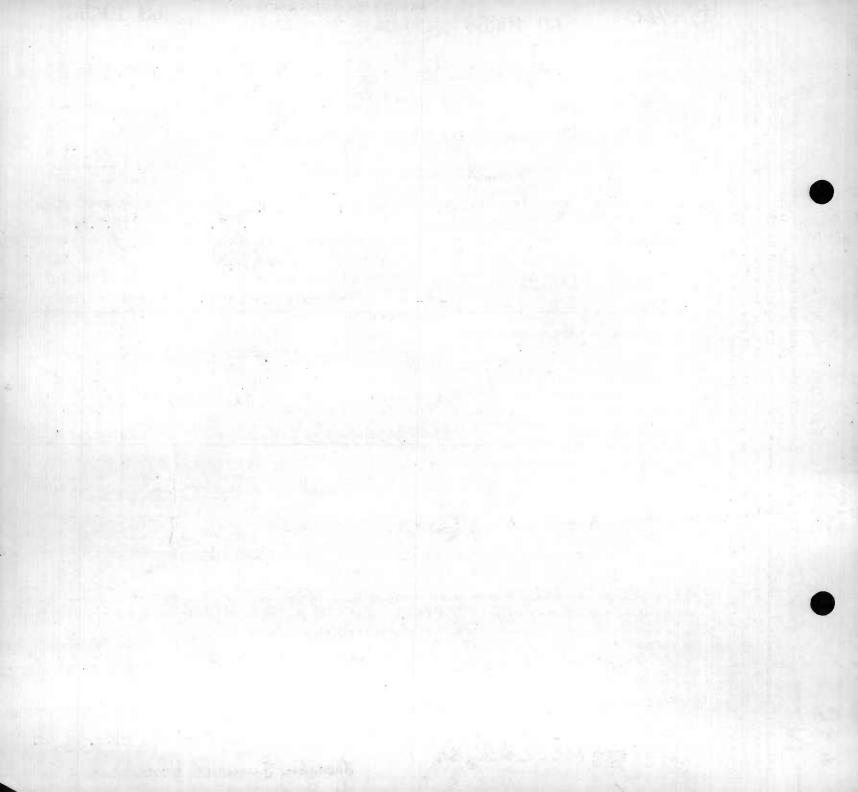
/	69 10665 CEPTIFICA	Y HEALTH DEPARTMENT REG. NO. 69 10665
1.	NAME OF DECEASED YPPS PRINTS TULIA MUTH	2. DATE AND HOUR OF DEATH OCTOBER 27,1969 5 P. M.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY/OR TOWN D. INSIDE CITY LIMITS?
	BONSECOURS HOSPITAL	Balto. Catonsville E. STREET AND NUMBER 202 WESTSHIRE ROAD 53
5,	SEX 6. RACE 7. MARRIED NEVER MARRIED	
	WIDOWED DIVORCED	P/ (13) last birthay) Months Doys Hours Min.
90 10	A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY no during most of working life, even if retired)	
1		MARYLAND U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
12	(HARLES ECKERT	EMMA
iYe	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	Mr. Henry Frey 202 Westshire Rd,
	18. 44 10 91 CAUSE OF DEAT	H APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	(This does not meen the mode of dving e.g. (A) IMMEDIATE CAL	A CONSEQUENCE OF:
-	heart failure, asfhenia, efc. Il means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES	Myocardia Infaxetion
1	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF
	nise to the obove cause (A) stating the UNDERLYING CONDITION last. (C)	4 S C Y D.
	II	
ě	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
NA N	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994- DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	2040AUTOPSY? IYes or No. 208, IF YES, WERE FINDINGS CONSIDERED
CERTIFICATIO	WAS PERFORMED	20 SAUTOPSY? IYES OF NO. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALCE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in contributing 21B. PLACE OF INJURY (e.g., in contribution 21B. PLACE OF INJURY (e.g., in contri	in or about 21 C. IWHERE DID (If In Baltimore City, give exact location)
	21D-TIME IMonth) (Doy) (Yeor (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
8	(APPROX.) While AI Work At Work	°B
	22. I certify that (1) (this hospital) attended the deceased from	2.21.67/ 19 10 10 27, 69 19
1	that ((we) last sow the deceased alive on 0, 27, 69	19 and that Intra) (our) opinion death accurred an the date
	and have and from the causes stated above. (1) (We) (did) (did nat) v	riew the bady after death.
	23A. SIGNATURE OMI SUL' AMO	anding Med. Shaff IT
	DEGREE DEGREE	Bon- Secons Porfortal Bulanota
24/	BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CRE	
	Burial Oct. 31, 1969 Baltimore, Cem	etery Balto. Md.
25/	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
Vs.	OCT 3 0 1969 Prober E. Jackey 168	G. Truman Schwab 5151 Balto. National Pike



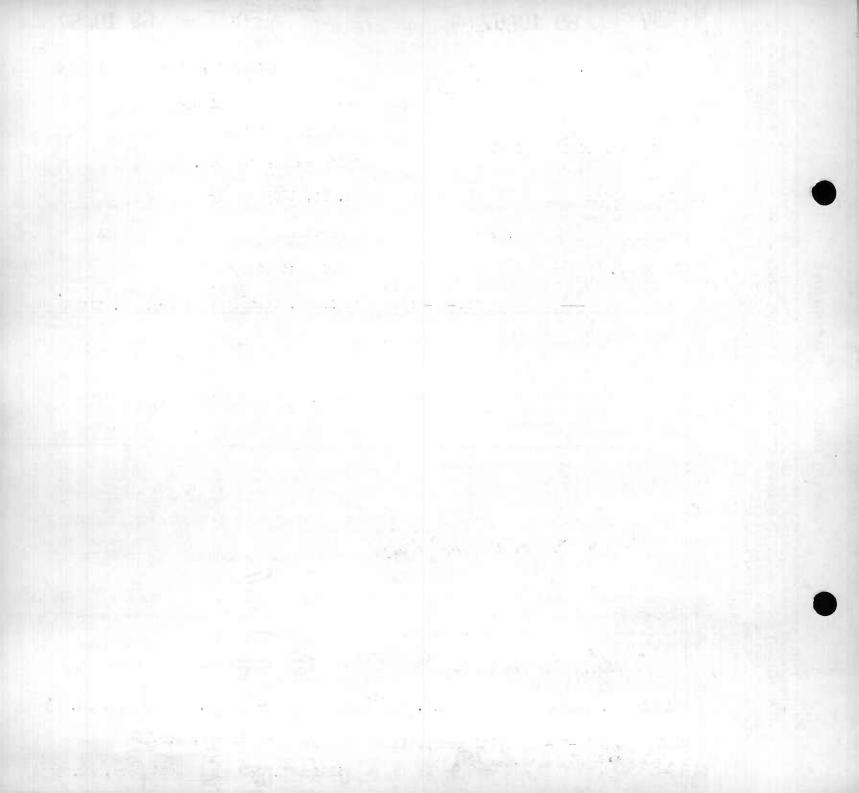
IMPORTANT FUNERAL DIRECTOR:

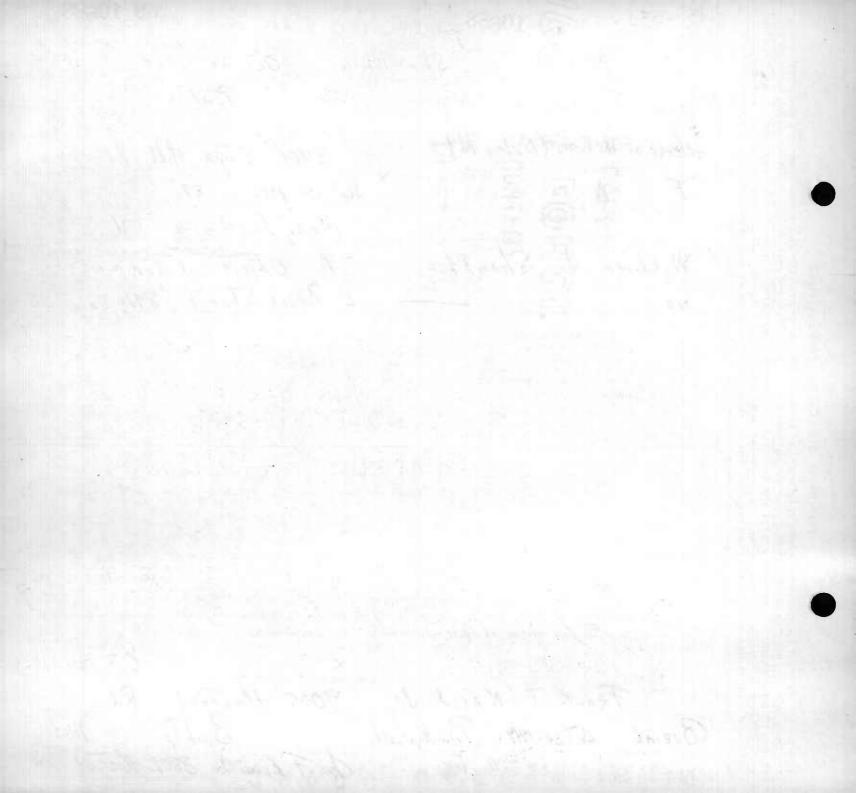
VS 150-REV. 1/1/68

X REG. NO. 69 10666 D. INSIDE CITY LIMITS? NOMX YES 21206 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS McCormick Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (If in Boltimore City, give exact location) ond that in(my) (aur) apinian death accurred an the dote 23B, DATE SIGNED (City, town, or county)



	IAME OF DECEASED			2. DATE	AND HOUR OF DEA	TH
	AGNES A. B.	ANDEL		Oct	ober 27, 19	69 2:30 A
3.	PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	A. STATE B. CO	here deceased lived. I UNTY	If institution: residence before odmission
FU HC	LL NAME OF (IF NOT IN HOS DSPITAL OR ADDRESS OR LO	PITAL OR INSTITUTE CATION)	JTION, GIVE STREET	Maryland C. CITY OR TOWN	Baltimore	NSIDE CITY LIMITS?
4	Union Memorial	Hospital		Baltimore E. STREET AND NUMBER	21204	YES NO NO
				8315 Loch Ra	ven Blvd.	
1	Female White	WIDOWED		Feb. 12, 1893	9. AGE (In years lost birthdoy) 76	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	e during most of working life, even if retire		POSINESS OK INDUSTRI	III. BIKINFLACE (Stote of I	oreign country)	12. CITIZEN OF WHAT COUNTR
	Housewife	Hom	e	Maryland		USA
3.	FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
	Gilbert J. Hughes			Bridgett F	itznatrick	
5.	Was Deceased Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Te:	s, no or unknown) (If yes, give wor or d		SECURITY NO.	25.77.	8315 L	ock Raven Blvd.
	No		217-69-6246		ndel Baltim	ore, Md. 21204
	1B.4/019 1		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	DISEASE OR CONDITION LEADING TO DEAT		Coron	ORY Throm	basis	2 hrs
	(This daes not mean the made		(A) IMMEDIATE CAL	A CONSEQUENCE OF:		Zhro
	heart failure, asthenia, etc. It mea	ns the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
	injury ar camplication which caus		601.	0 ,	10	2
	ANTECEDENT CAUS	F2	(B)	200 Science of:	s of LORO.	ARL 3420
	DISEASES OR CONDITIONS,		DUE TO, OR AS	A CONSEQUENCE OF:	artel	24/
	rise to the above cause (/ UNDERLYING CONDITION last,	A) stating the	(c)			
	11		(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ATION	OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN F	THE TERMINAL				
€Í			VHICH OPERATION		Not 208 IF YES WE	DE CINIDINGS CONCIDENCE
O	19A. DATE OF OPERATION 198. C	ERFORMED		20 A. AUTOPSY? (Yes or		RE FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFIC	19A. DATE OF OPERATION 198. C	ERFORMED 218	PLACE OF INJURY (e.g., e, farm, foctory, street, o	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR:	IN CERTIFYING	
ICAL CERTIFIC	19A. DATE OF OPERATION 19B. COWAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ERFORMED 21 B. hometc.)	PLACE OF INJURY (e.g., e, farm, foctory, street, o	in or obout 21C. WHERE DID	IN CERTIFYING (If In Balti	CAUSES OF DEATH?
ICAL CERTIFIC	19A. DATE OF OPERATION 19B. COWAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Ye OF INJURY)	ERFORMED 21B. hom. etc.) or) (Hour) 21E.	PLACE OF INJURY (e.g., e, farm, foctory, street, o	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	IN CERTIFYING (If In Balti	CAUSES OF DEATH?
EDICAL CERTIFIC	19A. DATE OF OPERATION 19B. COWAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Ye	ERFORMED 21B. hom. etc.) or) (Hour) 21E.	PLACE OF INJURY (e.g., farm, foctory, street, o	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	IN CERTIFYING (If In Balti	more City, give exact location)
EDICAL CERTIFIC	19A. DATE OF OPERATION 19B. COWAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Yeo FINJURY (APPROX.)	21B. hometc.) or) (Hour) 21E. Whi Wor tal) attended the	PLACE OF INJURY (e.g., farm, foctory, street, o	21F. HOW DID	IN CERTIFYING (If In Balti NJURY OCCUR?	more City, give exact location)
EDICAL CERTIFIC	19A. DATE OF OPERATION 19B. COWAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Yeo FINJURY (APPROX.)	21B. hometc.) or) (Hour) 21E. Whi Wor tal) attended the	PLACE OF INJURY (e.g., farm, foctory, street, o	21F. HOW DID	IN CERTIFYING (If In Balti NJURY OCCUR?	more City, give exact location)
EDICAL CERTIFIC	19A. DATE OF OPERATION 19B. COWAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Yeor Injury (APPROX.) 22. I certify that (I) (this haspithat (I) (year) last saw the decedent of the company	21B. hometc.) on (Houn) 21E. Whit wortal) attended the seed alive an	PLACE OF INJURY (e.g., e, farm, foctory, street, o	21F. HOW DID	NJURY OCCUR?	more City, give exact location)
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19B. CO WAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Yeo FINJURY (APPROX.)	21B. hometc.) on (Houn) 21E. Whit wortal) attended the seed alive an	PLACE OF INJURY (e.g., e, farm, foctory, street, o	21F. HOW DID	NJURY OCCUR?	more City, give exact location
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19B. COWAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Yeor (APPROX.)) 22. I certify that (I) (this haspithat (I) (we) last saw the deceand haur and fram the causes s 23A. SIGNATURE	errormed 21B. hometc.) or) (Hour) 21E. Whi Wor tal) attended the sed alive an tated abave. (I)	PLACE OF INJURY (e.g., farm, foctory, street, of the farm, foctory	21F. HOW DID 1	NJURY OCCUR?	more City, give exoct location 10 2 7 19 65 apinian death accurred an the de
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19B. C. WAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Yeof INJURY (APPROX.) 22. I certify that (I) (this haspithat (I) (yet) last saw the deceand haur and fram the causes s 23A. SIGNATURE	errormed 21B. hometc.) or) (Hour) 21E. Whi Wor tal) attended the sed alive an tated abave. (I)	PLACE OF INJURY (e.g., farm, foctory, street, of the farm, foctory	21F. HOW DID 19	NJURY OCCUR? 19tathat in (my) (ove)	more City, give exoct location) 10/2/7 19 65 apinlan death accurred an the do
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19B. COWAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Yeor (APPROX.)) 22. I certify that (I) (this haspithat (I) (we) last saw the deceand haur and fram the causes s 23A. SIGNATURE	errormed 21B. hometc.) or) (Hour) 21E. Whi Wor tal) attended the sed alive an tated abave. (I)	PLACE OF INJURY (e.g., farm, foctory, street, of the farm, foctory	21F. HOW DID 1	NJURY OCCUR? 19tathat in (my) (ove)	more City, give exoct location 10 2 7 19 65 apinian death accurred an the de
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19B. COWAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Ye OF INJURY (APPROX.) 22. I certify that (I) (this haspithat (I) (ye) last saw the deceand haur and fram the causes s 23A. SIGNATURE William) 23C. PHYSICIAN'S NAME (Type)	ERFORMED 21B. hometc.) on) (Hour) 21E. Whi Wor tal) attended the sed alive an tated above. (I)	PLACE OF INJURY (e.g., farm, foctory, street, of the farm, foctory, foctory	21F. HOW DID 1 21F. H	IN CERTIFYING (If In Balti NJURY OCCUR? 19ta that in(my) (ove) h. Stoff Phys. □	more City, give exoct location 10/27 19 69 apinian death accurred an the death accurred and the death accurred a
MEDICAL CERTIFIC	19A. DATE OF OPERATION 19B. COWAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Ye OF INJURY (APPROX.) 22. I certify that (I) (this haspithat (I) (ye) last saw the deceand haur and fram the causes s 23A. SIGNATURE William) 23C. PHYSICIAN'S NAME (Type)	ERFORMED 21B. hometc.) on) (Hour) 21E. Whi Wor tal) attended the sed alive an tated abave. (I)	PLACE OF INJURY (e.g., farm, foctory, street, or injury OCCURRED le At Not White At Work At Work (did nat) (we) (did) (did nat) (we) DEGREE At Phy	21F. HOW DID 1 21F. H	IN CERTIFYING (If In Balti NJURY OCCUR? 19ta that in (my) (ove) h. Stoff Phys.	more City, give exect location 10/27 19 67 apinlan death accurred an the do
MEDICAL CERTIFIC	198. COWAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Yeof Injury (APPROX.) 22. I certify that (I) (this haspithat (I) (we) last saw the deceand haur and fram the causes s 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) William M. Conwall Conwall (Specify) BURIAL CREMATION, REMOVAL (Specify)	erformed 21B. hometc.) on) (Hour) 21E. Whi Wor tal) attended the sed alive an tated abave. (I)	PLACE OF INJURY (e.g., farm, foctory, street, or injury occurred) INJURY OCCURRED Le At Not White At Work At Work The deceased fram LO 19 69 (We) (did) (did nat) DEGREE ME af CEMETERY of CR	21F. HOW DID 1	IN CERTIFYING (If In Balti NJURY OCCUR? 19ta that in (my) (our) h. Stoff Phys. □	more City, give exoct location) 10/27 19 65 apinlan death accurred an the do 23B. DATE SIGNED 10/28/69 Baltimore, Md. 04 (City, town, or county) (State)
MEDICAL CERTIFIC	198. COWAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Yeof Injury (APPROX.) 22. I certify that (I) (this haspithat (I) (we) last saw the deceand haur and fram the causes s 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) William M. Conwall Conwall (Specify) BURIAL CREMATION, REMOVAL (Specify)	erformed 21B. hometc.) on) (Hour) 21E. Whi Wor tal) attended the sed alive an tated abave. (I)	PLACE OF INJURY (e.g., farm, foctory, street, or injury occurred) INJURY OCCURRED Le At Not White At Work At Work The deceased fram LO 19 69 (We) (did) (did nat) DEGREE ME af CEMETERY of CR	21F. HOW DID 1	IN CERTIFYING (If In Balti NJURY OCCUR? 19ta that in(my) (our) h. Stoff Phys. □ Cen Blvd. □ LOCATION altimore, M.	more City, give exoct locotion 10/2/1969 apinian death accurred an the death accurred and
AL CENTRAL	19A. DATE OF OPERATION 19B. COWAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Yeof Injury (APPROX.) 22. I certify that (I) (this haspithat (I) (yet) last saw the deceand haur and fram the causes s 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) William M. COMWAN BURIAL CREMATION, 1248, DATE	erformed 21B. hometc.) on) (Hour) 21E. Whi Wor tal) attended the sed alive an tated abave. (I)	PLACE OF INJURY (e.g., farm, foctory, street, of the farm, foctory, foctory	21F. HOW DID 1	IN CERTIFYING (If In Balti NJURY OCCUR? 19ta that in (my) (our) h. Stoff Phys. □ Cen Blvd. F. LOCATION altimore, M. OR	more City, give exect locotion) 10/27 19 69 apinlan death accurred an the d 238, DATE SIGNED 10/28/69 Baltimore, Md. 04 (City, town, or county) (Stote





BALTIMORE CITY HEALTH DEPARTMENT

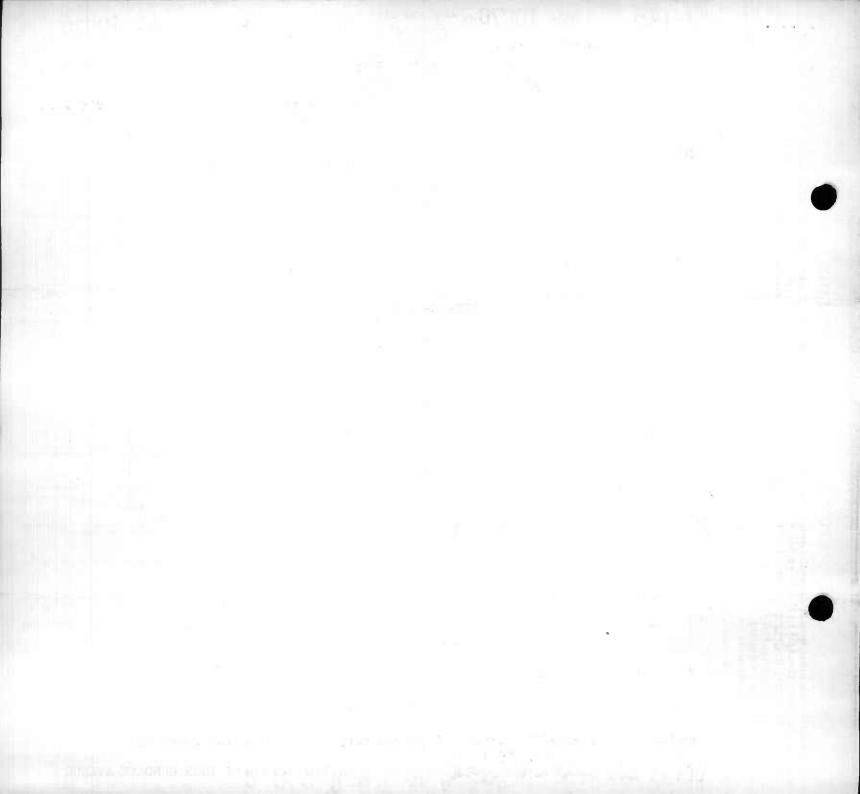
FUNERAL DIRECTOR: IMPORTANT

Union-Menine 160pieco your even so them having thought was stated was rated not copyly

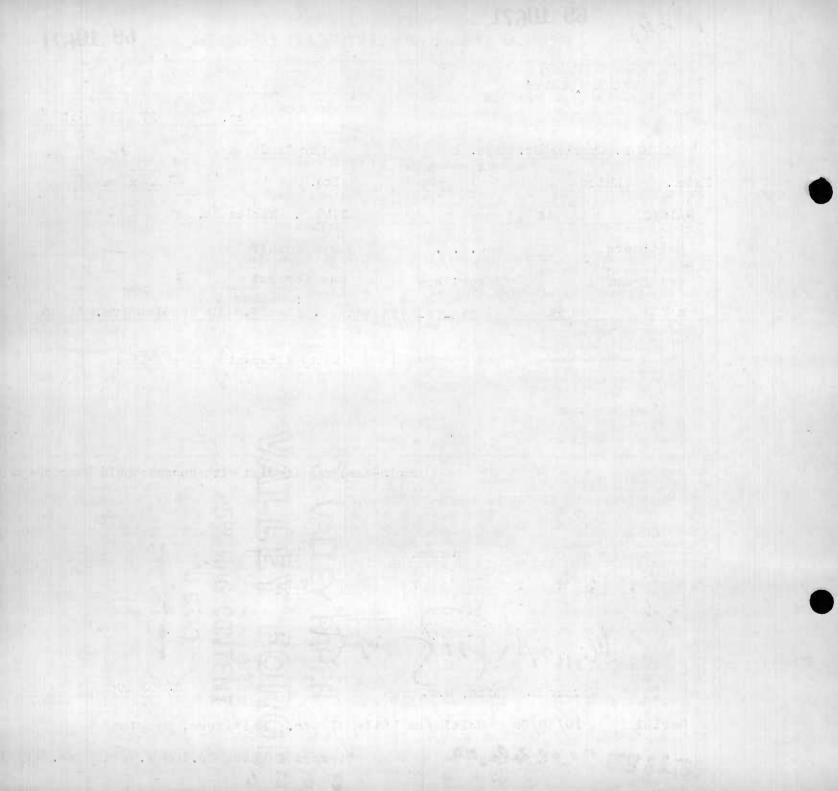
IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68



	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 10671
BIRTH NO.	REG. NO.
1. NAME OF DECEASED FRANCIS (Type or Print)	2. DATE Known Month Day Year Haur
WILLIAM KNAUFF	DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Oct. 27 1969 1:25 p _M
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY
2010 N. Charles St. Apt. 1	Maryland /2/)6
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LÍMITS?
Male. White WIDOWED DIVORCED	Balto. YES ₭ NO □
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	
6/18/23 46	2010 N. Charles St.
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore WHAT COUNTRY?	James Knauff
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
Repairman Typewriters	Anna Corbett
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown))(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT: Mother ADDRESS
X YES WW II 216-18-0113	
19. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	DELIVEEN CHISELAND DEATH
LEADING TO DEATH (A)IMMEDIATE	CAUSE Fatty alteration of the liver
(This does not mean the mode of dying, e.g., DUFTO OR	AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	o-cerebral injuries with subarachnoid hemorrhag
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20 A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or Na)
0 2	YES
₹ 22A. EXTERNAL CAUSE WAS 228.PLACE OF INJURY(e.g.,	in or about 22C, WHERE DID (If in Boltimore City, give exact lacation)
228. PLACE OF INJURY(e.g., home, farm, foctory, street, office of the control of	ce bldg., etc.) INJURY OCCUR? Unknown
22D. TIME (Manth) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	T WHILE CO. Timber over
23.	work Unknown
	utapsy 🕅 and that an this basis, death in my apinion
resulted from Natural causes Accident XX Suici	
resulted from Natural causes Accident 224 Suich	Pemis CHIEF MEDICAL EXAMINER
	DATE SIGNED
Ille all mit	
ACTUAL SIGNATURE MEMORY M.E.	
ACTUAL SIGNATURE EXAMINER'S M.E.	ASSOCIATE MEDICAL EXAMINER 10/00/60
ACTUAL SIGNATURE EXAMINER'S M.E.	ASSOCIATE MEDICAL EXAMINER 10/00/60
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz. M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) A.C. NAME of CEMETERY	ASSOCIATE MEDICAL EXAMINER 10/28/69 Tor CREMATORY 24D. LOCATION (City, tawn, ar county) (Stote)
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz. M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 10/30/69 Baltimore Na	ASSOCIATE MEDICAL EXAMINER 10/28/69 Tor CREMATORY 24D. LOCATION (City, town, or county) (Stote) ational Cem. Baltimore, Maryland
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 10/30/69 Baltimore Na 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ASSOCIATE MEDICAL EXAMINER 10/28/69 Tor CREMATORY 24D. LOCATION (City, town, or county) (Stote)
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 24A. BURIAL CREMATION, Part of Cemetery REMOVAL (Specify) Burial 10/30/69 Baltimore Na 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ASSOCIATE MEDICAL EXAMINER 10/28/69 Tor CREMATORY 24D. LOCATION (City, town, or county) (Stote) ational Cem. Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz. M.D. 24A. BURIAL CREMATION, PARTICLE PROVINCE PROVIN	ASSOCIATE MEDICAL EXAMINER 10/28/69 Tor CREMATORY 24D. LOCATION (City, town, or county) (Stote) ational Cem. Baltimore, Maryland



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FUNERAL DIRECTOR: IMPORTANT

VIIIA SS 15		Y HEALTH DEPARTMENT	/ /	0 40000
X-640 69 106	673 CERTIFICA	TE OF DEATH	REG. NO.	69 10673
I, NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) BELA KA	ROLYI	Oct	13. 1969	1 -30 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO			e deceased lived. If ins	titution: residence before admission)
GERTIFICATIONAN	AFNUED		LTIMORE	5200
HOSPITAL OR ADDRESS OR LOCATION)	SHORON, GIVE SIKEET	C. CITY OR TOWN		DE CITY LIMITS?
411	D	BALTIMORE		YES NO
-1-237-TEN = OAKS = 1		E. STREET AND NUMBER		
99 St. Agnes Hospital	- DOA		KS RD.	
5. SEX 6. RACE 7. MARE	RIED NEVER MARRIED		9. AGE (In years lost birthday)	Months Doys Hours Min.
	WED DIVORCED	JUNE 2/96	73 YRS	
OA. USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if retired)	O OF BUSINESS OR INDUSTR	7 111. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
SALESMAN GENI	ERAL TIRE CO	AUSTRIA		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give wor or dates of servi	1 6. SOCIAL	17. INFORMANT	1927	TEN OAKS AVE.
res, no or unknown/ (if yes, give wor or dates of servi	SECURITY NO.	Mag Troop V A		
1B. 44 10 9	CAUSE OF DEA	MRS INGE K.	CLAUGHLII	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1 7/	1	SETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CA	ISE FTOULING	ocarde	
(This does not meen the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUF TO, OR AS	A DONSEQUENCE OF:	11610-6	
injury or complication which coused death.)	056,	V (myway!	180
ANTECEDENT CAUSES	(1)	ronannan	Whinso	lerozen:
DISFASES OR CONDITIONS, if ony, gi	ving DUE TO, OR A	A CONSEQUENCE OF:	4	
rise to the obove couse (A) sloting UNDERLYING CONDITION lost.	(c)	(
UNDERENING CONDINON IOSI.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			- Marie
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION F	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
19/30/69 PERFORMED	Droswic bype	ry. now	III CERIII III O CA	JOES OF DEATH.
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE OID office bldg., INJURY OCCUR?	(If In Baltimore	City, give exoct location)
DEATH (notify medical examinal)	etc.)			
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh			135
22. I certify that (I) (this hospitol) ottend			1955 to /C	10 69
	10/17	11 70		nion death occurred on the dat
that (I) (WE) last saw the deceosed olive	101.		at in(my) (out) opii	nion deom occurred on the da
and hour and fram the causes stated obov	e. (1) (479)) (and) (544997)	view the body after deoth.		23B. DATE STONED
23A. SIGNAL ORE	1 11 1 AI	ending Med.	Staff	MULLIC
I car a fus.	BEGREE Ph	ys. Director L	Phys.	19,4767
23C. PHYSICIAN'S NAME (Type)	DALC	23D. ADDRESS	100000	Musing w
1.E17CL	1199 DEGRE		ceaceu	sur pagoll
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF C		OCATION (Cit	ly, town, or county) (Stote)
	MEADOWRIDGE ME OF REGISTRAR		H	OWARD Co.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR			ADDRESS
1969 Robert & Jack	44 M.A.	H.W. MEARS	& SON 80:	5 N. CALVERT ST
VS 150-REV. 1/1/6B	5 7 0 1	0 1 6 1 1		

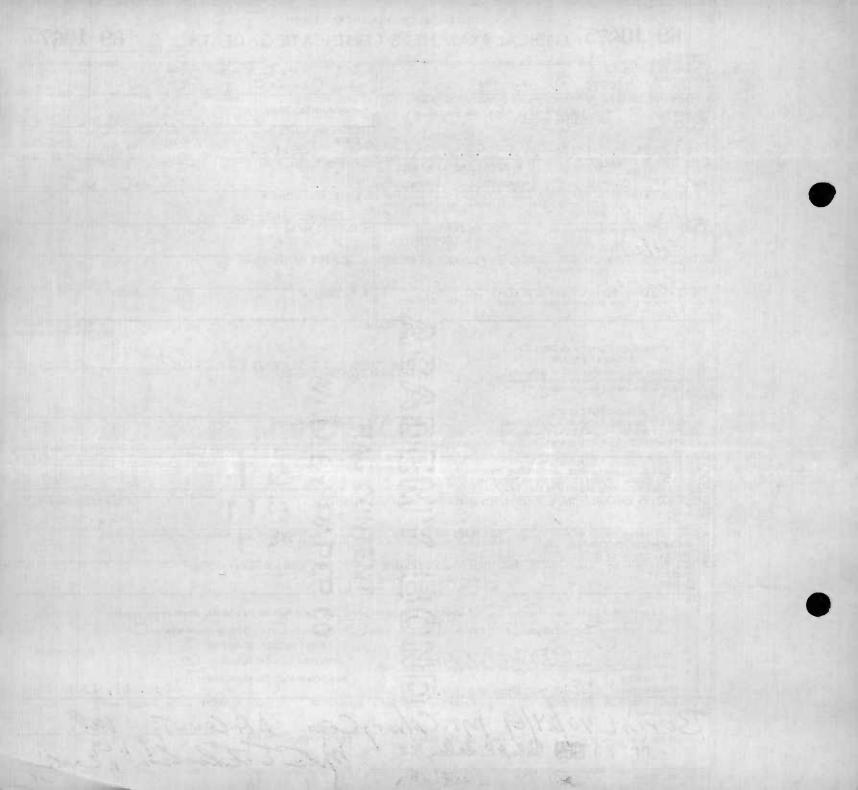
hetter from Dr. J. Carl Pass

VS 150-REV. 1/1/68

Johns Hopkins Hag

A Commence of the Commence of

BALTIMORE CITY H	EALTH DEPARTMENT
69 10675 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG, NO. 69 10675
BIKIH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Yeor Hnur
MELVIN S. VINCENT 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 10 17 69 3:25 a
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	Ocotber 17, 1969 3:25 a
	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY
1224 E. Madison Ave. D.O.A.	Maryland /// /
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	123 110
9. DATE OF BIRTH 10. AGE (In years W Under 1 Yr, if Under 24 Hrs. lost birthdoy) Months Doys Hours Min.	
Siph13, 1918 51	1224 E. Madison
11. B(RTHPLACE(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
171161	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI done during most of working tile, even il retired)	17 15. MOTHER'S MAIDEN NAME
Laterer	· ·
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((I yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
no	Recenter
19. 14 3 () CAUSE OF DEA	ATH APPROXIMATE INTERVA BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE	cause Intracerebral hemorrhage
heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or camplication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING PUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
	YES
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. Long, lorm, loctory, street, offi	., in or obout 22C. WHERE DID (if in Soltimore City, give exoct location) ice bidg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	
(APPROY) WHILE AT NO	WORK
23.	
	utopsy XX and that on this basis, deoth in my opinion
resulted from: Natural causes Accident Suici	Ide Homicide Undetermined monner
ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE ATTENHALALISM M.	ASSISTANT MEDICAL EXAMINED LYIV
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Isidore Mihalakis, M.D.	Oct. 17, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Y or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
SURIAL VORYIGO MT. COLYA	ry Com, AA. COVYTY Mil.
26A. DATE REC'D BY HEALTH DEP 258. NAME OF REGISTRAR	SC. FUNERAL DIRECTOR ADDRESS 9
ACIO 1 1202 report 5 desper 4 19	mla 6. Eliotra " Carli
VS 151-REV. 1/1/68	0 0 0 0 0





BALTIMORE CITY HEALTH DEPARTMENT

1				
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

	69	10677	MED	OICAI	BALTIMORE CITY L EXAMINER'S	CERTIFI	CATE OF	DEAT	H _{REG. NO.}	69	10677
BI	RTH NO.								REG. NO.		
1. (Ty	NAME OF DEC	Ebron	Tempie			2. DATE OF DEATH	Known 🔛	Month 10	26	Yeor 69	10:10 A .M.
4.	PLACE IN BAL	TIMORE, MA	ARYLAND, V	WHERE P	RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HC	LL NAME OF SPITAL INSTITUTION		T IN HOSPIT		STITUTION, GIVE STREET		JNCED DEAD	10	26	69	10:10 A .M.
2	00 18	322 N.	Bond S	t.		A. STATE	Maryland	deceosed ii	B. COUNTY	S	706
6.	SEX	7. RACE		8. MARI	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	
F	emale	Negr	0	WIDO	WED DIVORCED	□ Bal	timore		VE	s X	NO 🗆
9.	DATE OF BIRT		10. AGE (If Under 1 Yr. If Under 24 H Months Days Hours M	lin.	ND NUMBER				
1	10011,1	706	6.3				N. Bond	Sta			
1114	BIRTHPLACE (S	otote or toreig	gn country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER	S NAME	Be	ker		
				14B. KINI	D OF BUSINESS OR INDUS	TRY 15. MOTHE	S MAIDEN NA	ME /	(4)	1	
	Lamber of v	white			ALC: PER PER	Las	tu x	sura	new		
	WAS DECEAS s, no or unknown					18. MFOR	MANY MA	de	1182	DRESS SA	B
-	19. , /	04			CAUSE OF D	FATH	A) Tille	nuvy	100	APF	PROXIMATE INTERVAL
		E OR COND LEADING TO		CTLY		sclerotio	cardiova	scular	dise s s		EEN ONSET AND DEATH
	heort foilure	ot mean the , osthenio, etc nplication whi	. It meons th	e diseose,	DUE TO C	OR AS A CONSEC	UENCE OF:		ginggingg are reconstruction WANT-00 about days and 400 400 400 400		T
2	DISEASES (NTECEDENT OR CONDITI E ABOVE CA NG CONDIT	ONS, IF AN	Y, GIVING TING THE	(B)(B)(B)(C)	OR AS A CONSE	QUENCE OF:				
CERTIFICATION	TO THE DEA	IIFICANT COI ATH BUT NOT CONDITION	RELATED TO	THE TERM	AINAL						
ERTI					FOR WHICH OPERATION	WAS PERFORM	ED			21. AUTO	PSY? (Yes or No)
Ü	0									n	0
MEDICAL	22A. EXTER UNDERLYING UTING CA		TRIB-		22B. PLACE OF INJURY(e home, farm, foctory, street, c	.g., in or obout 2 office bldg., etc.)	2C. WHERE DID ((If in Boltimo	re City, give exac		
X			Doy) (Yeo	r) (Hou	WHILE AT N	TOT WHILE	2F. HOW DID IN.	JURY OCC	UR?		
	23.				m. WORK A	T WORK					
		ify that I h	eld an	Inquiry [Autapsy 🗌	and that an th	nis basis,	death In my	apinian	
	resul	ted fram: <u>N</u>	latural car	ses X	Accident Sui		micide L		ned manner L		
ŀ	ACTUAL		584	Fre	her.		STANT MEDICAL E				DATE SIGNED
	SIGNATI EXAMIN	ER'S	Piice	11 9	Fisher, M.D.		CIATE MEDICAL E	XAMINER		10-	27-69
	A. BURIAL CREAMOVAL (Speci	MATION,	AB. DATE	/	24C. NAME of CEMETE	RY or CREMATO	DRY 24D.	LOCATION	(City, town	, ar county)	
	Bru	el (V130	169	Carrer	Memor	we taus	k C	Lau	kel	mod,
25	A. DATE REC'D	CT 30	40.00	-	SE Selen M.D.	25C.	UNERAL DIRECTO	OR .	112981	DORESS	Di St
VS	151-REV. 1/1/68	3		4 3	690	1000	6 6)	11/10	- CUI	- G/
		ALIVA VICTORIA		4	THE RESERVE THE PARTY OF THE PA	Tanana and	A 100 E	sale .			

THE PARTY OF SERVICE ·** *** ***

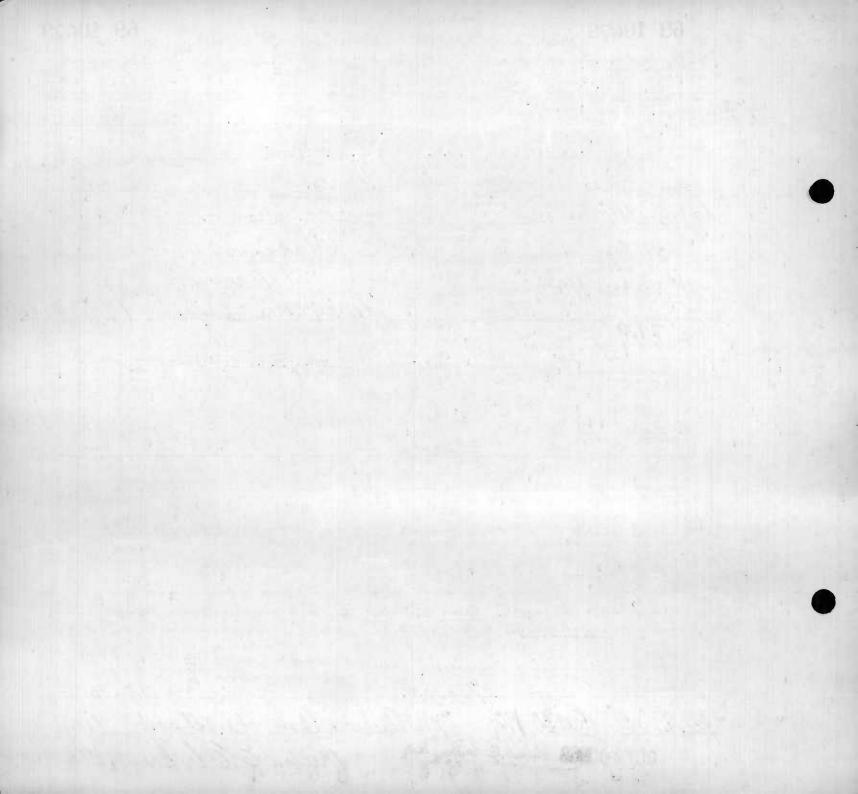
	00	40000	BALTIMORE CITY	HEALTH DEPARTMENT		CO 40
BIRTH NO.		10678	CERTIFICA	TE OF DEATH	REG. NO	69 10678
I. NAME O	F DECEASED				HOUR OF DEATH	
(Type or Pri	MARY	MURI	DOCK	10/	26/69	10200
3. PLACE I	N BALTIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If inst	titution: residence belore admission
FULL NAM	AF OF IIF NOT IN HOSE	ITAL OR INICTIVE	TION CIVE STREET	11 11		1530
HOSPITAL	OR ADDRESS OR LOC	CATION	THON, GIVE STREET	C. CITY OR TOWN		E CITY LIMITS?
Ħ				BALTIMO		YES 🖳 NO 🗆
1/Alm	EDOUTH OF 11	1	11	E. STREET AND NUMBER	7.7.	1.00
MINIM	ERSITY OF H	AKYLAND	HOSPITAL	1 34/8 MON	DAWMIN	AUE
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH 19.	ACC /I	Il Under 1 Yr. Il Under 24 Hrs Months: Days Haurs Mine
_/-	NEGRO	WIDOWED		1 3/1/8/6/6	60	Months Days Haurs Min.
done during	OCCUPATION (Give kind of wa mast of warking life, even if retired)	THE TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAGE (Stold or loreign	country)	12. CITIZEN OF WHAT COUNTR
11	ISEWIFE	-		MARVIAND		U.S.A.
13. FATHER	'S NAME			MARYLAND 14. MOTHER'S MAIDEN NAME		U.S. 17.
1	INT AILDI	naic				180
15. Wos Dec	Coosed Ever in U. S. Armed For hknown) (II yes, give war ar dai	PTIDLE	1 6. SOCIAL	NOT A	VAILABLE	1000000
	iknawn) (it yes, give war ar da	les of servicel	SECURITY NO.	14		ADDRESS
NO			THE RESIDENCE AND ADDRESS.	SISTER		
18.	79,01		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
'	DISEASE OR CONDITION D LEADING TO DEATH		ME	NINGITIS?		
(This d	oes not mean the mode of	f dvina. e.a.	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		1 244
hearl fo	ailure, asthenia, etc. It means or camplication which cause	s the discose,	50E 10, OR A5 /	CONSEQUENCE OF:		
	ANTECEDENT CAUSE		STA	PHYLOCOCCAL S	EPTICEMIN	4 1 2 2 2
DISEAS	SES OR CONDITIONS, If	7		A CONSEQUENCE OF:		4 DAYS
nise lo	a the above cause (A)	slaling the	110141		IA. F. C. TICA	, 10 > 0.0
UNDER	RLYING CONDITION last.		(c)	ARY TRACT	NFECTION	1 10 DAYIS
O OTHER S	II	NATE OF THE O	ATRIAL F	BRILLATION, CONC	ESTIVE F	AILURE
I I I I I I I I I I I I I I I I I I I	DEATH BUT NOT RELATED TO 1	THE TERMINAL	DULHONAR	Y EDEMA, RIGH	HT MIDDLE C	EREBRAL CVA.
U 19A. DA	TE OF OPERATION 198 CON	IDITION FOR W	HICH OPERATION			IDINGS CONSIDERED
19A. DA	WAS PER	FORMED			N CERTIFYING CAUS	ES OF DEATH?
OR COM	CIDENT WAS UNDERLYING	21B, F	LACE OF INJURY (e.g., In	ar about 21C. WHERE DID	(If In Baltimore (City, give exact location)
DEATH	(notify medical examiner)	elcJ	iami, lociary, sireer, an	ice bidg. INJURY OCCUR?		
0 21D. TIM	AE (Month) (Day) (Year)	(Hauri 21E, 1	NJURY OCCURRED	21F. HOW DID INJUR	Y OCCUPY	
E OF INJU			At Not White			
22 1 00	ertify that (I) (this haspita	Work		716/69 10	10 10	
1 1			1 - 1	1 / ()	69 to 10/3	40 1969
	(we) last saw the decease		_ / /		in (my) (aur) apinio	on death occurred an the date
23A. SIG	or and from the causes sta	ted abave. (!)	(We) (did) (did not) vi	ew the body ofter death.		and the second second
237.310	D UCI	//	Atten	dina C Mad C 5		BR. DATE SIGNED
22.0 844	1. 11. Wa		DEGREE Phys.	Director Phy	off S	10/26/69
NA	ME (Type)		2	3D. ADDRESS		1)
044 6			DEGREE			
24A. BURIAL REMOV	CREMATION, 248, DATE	24C. NA	AE of CEMETERY OF CREE	MATORY 24D. LOCA	ATION (City,	town, ar cauntyl (Stotel
12	write Ut30/6	69 3	ardens 791	enel Nepo Tr.	ule here	ml
25A. DATE	REC'D BY HEALTH DEPT.	258. NAME OF		25C. FUNERAL DIRECTOR	mes ung	ADDRESS
	DCT 30 1969 62	Bert E. 39	Ben K.D.	Milton & Sh	kom 1124	n. Cartine St
VS 150-REV.	W 168	7 4		10000	1100/	co- and ance of



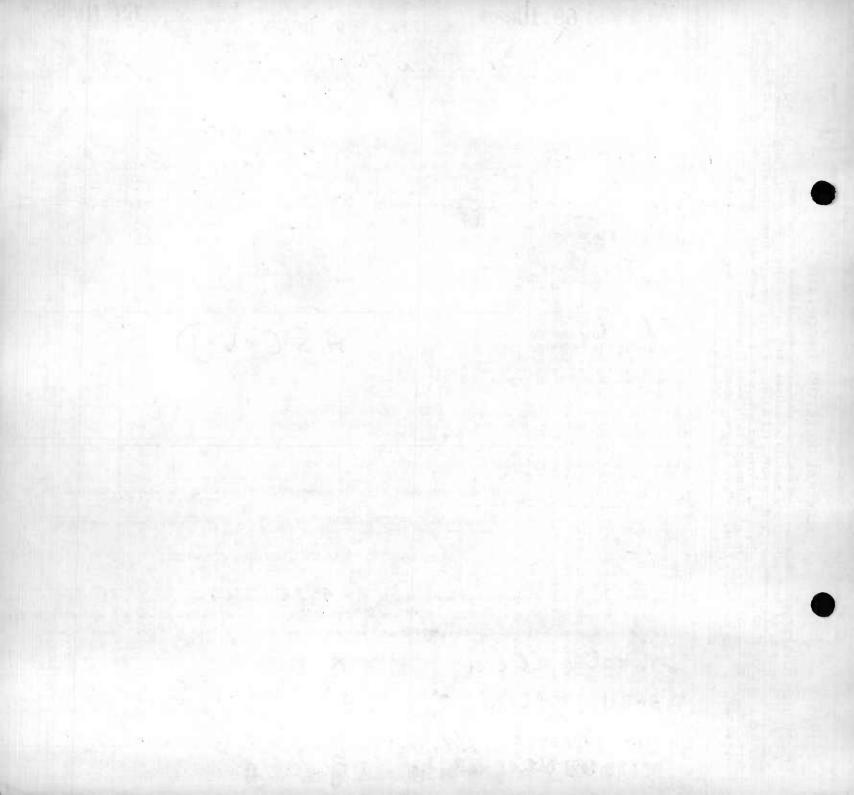
BALTIMORE CITY HEALTH DEPARTMENT

	69	10679
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69 1	L0679 MI	EDICAI		NED'S		CATE OF	DEAT	н	69	10679	3
BIRTH NO.	/411	LDICA	LAAMII	ALK 5	CLKIIII	CAILOI	DLAI	REG. NO			
1. NAME OF DEC	EASED				2. DATE OF	Known 🔯	Month	Day	Yeor	Hour	Tr.
	MATRILI		SON		DEATH	Estimoted 📙	10	24	69	12:05	рм.
	IMORE, MARYLANE				3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LO	DCATION)	THUTION, GIVES	TREET			Oct.	24	rasidanca		:05
					A. STATE	ESIDEIACE (Miles		B. COUNTY	. residence	711	,,
	ns Hopkins					Maryland_		T	/	104	
6. SEX	7. RACE	B. MAR	RIED NEVER	MARRIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?		
Female	Negro	WIDO	WED D	IVORCED 🗌	Bal	to.		YE	s 🗌	ио 🗌	
9. DATE OF BIRTH	1911 lost birt		If Under 1 Yr. If Months Doys			AND NUMBER					
LI RIPTHOTACE IS	tate of foreign countr	55	12. CITIZEN O	- 1	13. FATHER	89 E. Madi	son St	•			
T BIRTHPLACE (S	2.	γ)	WHAT COU		13. FATHER	TIME	uned 7				
	PATION (Give kind of v		OF BUSINESS	OR INDUSTR	Y IS. MOTHE	R'S MAIDEN NA	WE				_
1/	orking life, even if retir	ea)				Tenle	new	u,			
16. WAS DECEASE	D EVER IN U.S. ARI	MED FORCE	S? 17. SOCI.	AL	18. INFOR		0		DDRESS		_
(Yes, no or unknown)	(If yes, give wor or do	ites of service	e) SECU	RITY NO.	mo	ranolia	In	Aham)	19	07 4	ele
19.	10.		CA	USE OF DEA	TH	1	/	The same		PPROXIMATE INTE	
DISEASE	OR CONDITION D	IDECTIV			(BEIV	AFEIA CIAREL MIAD	DEATH
	EADING TO DEATH			NIMMEDIATE (CALLSE C	rrhosis o	f the	liver			
(This does no	of mean the made o	dylng, e.g.,	(DUE TO, OR	AS A CONSEC	UENCE OF:	T rue	TIVEL			
injury or com	osthenio, etc. It meon plication which caused	s the disease, I death.)									
4											
	NTECEDENT CAUSES OR CONDITIONS, IF		(6	DUE TO, OR	AS A CONSE	QUENCE OF:					
RISE TO THE	ABOVE CAUSE (A)	STATING THE									
Z	IG CONDITION LAS) 1.	(0	.)							
E											
OTHER SIGN	IFICANT CONDITION	TO THE TERM	MINAL								
	OPERATION 208.			PERATION W	AS PERFOR!	AED .			21. AUTO	OPSY? (Yes or	No)
Ö									37 -		
₹ 22Å. EXTER	VAL CAUSE WAS		228 PLACE OF	INITIDY/e o	in or about	22C. WHERE DID	/If in Rollima	re City sive eve	No No		
U LINIDERIVING	OR CONTRIB-		home, form, focto	ory, street, offic	e bldg., etc.)	NJURY OCCUR?	(II III BOIIIIIO	ie City, give exc	act roconon)		
UTING CA	Month) (Doy) (Yeor) (Ho	225 INITIBY	OCCURRED		22F. HOW DID IN	ILIBY OCCI	100			
OF INJURY	Monny (Doy) (1801) (1101	WHILE AT		WHILE	IZI . HOW DID IN	JUNI OCC	JKI			
(APPROX.)			m. WORK		VORK						
23.	ify that I held on	Inquiry	Inspect	a VV	topsy 🗌	ond that an t	hie haeie	death in my	onlnion		
resuit	ed from: Notural	couses X	Accident L	Suicio	de ∐ H			ned manner (
ACTUAL		>	1 . 1.			CHIEF MEDICAL E				DATE SIGNE	D
SIGNATU	JRE	March	allahi	>= M.C	ASS	ISTANT MEDICAL	EXAMINER	Lxx			
EXAMINI	ER'S			7	ASS	CIATE MEDICAL	XAMINER				
NAME (T			halakis,	M.D.					10/25/		
24A. BURIAL CREA REMOVAL (Specif		100 1	24C. NAME	of CEMETERY	or CREMATO	ORY 24D.	LOCATION	(City, towr	n, or county	(Stote)	
Bulling	0, (()1)	20 19	64	Mr/1	HAILY	1/6m	4111	ulper	4	mid	,
2SA. DATE REC'D	BY HEALTH DEPT.	2SB. I	NAME OF REGIS	TRAR_	25C.	FUNERAL DIRECT	OR	A	DDRESS	1 /	2
01	T30 1969	Reber	E danber	249	1.4	Wilton	6.7	linko	120/1	29/16	24t
VS 15f-REV. f/f/68		1-1	7 6 9	0 1	7 6	000	100	700	, 1		

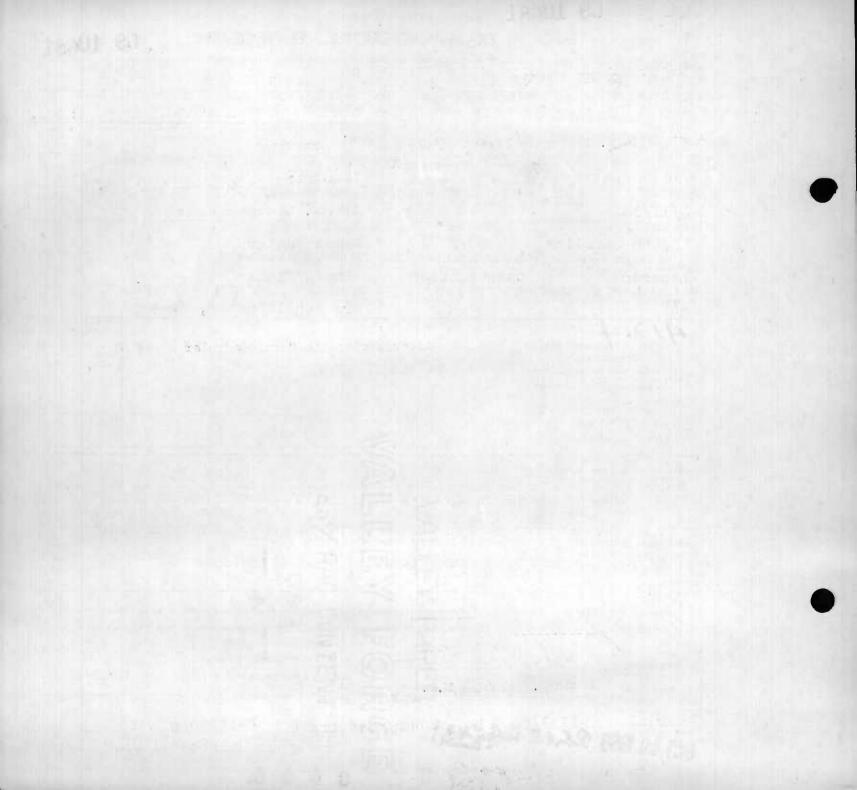


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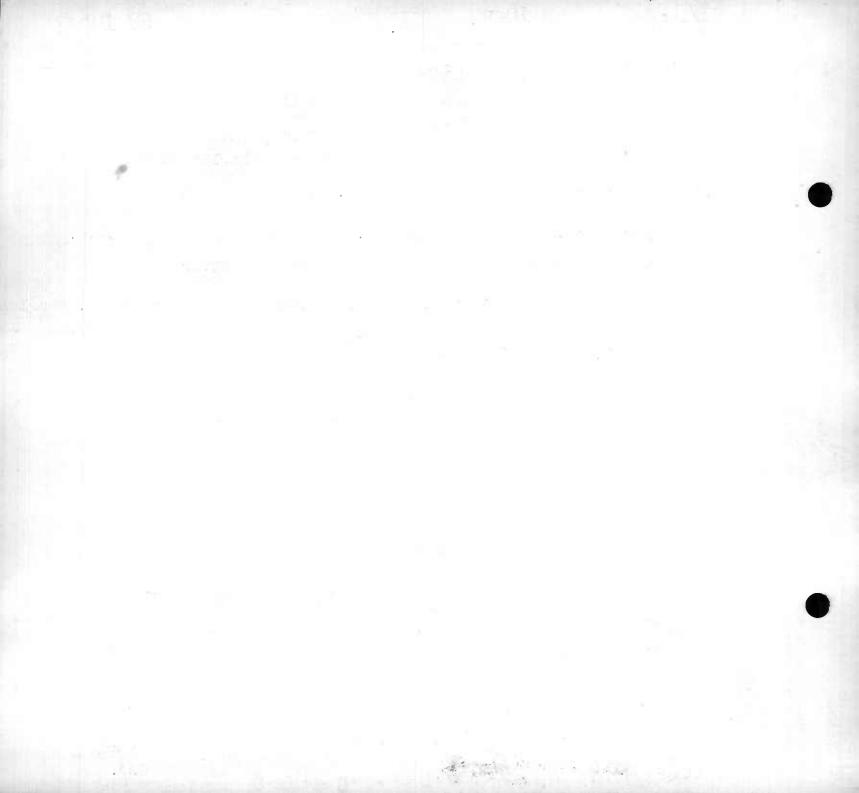
_	7 = 1	3 69 10	681	BALTIMORE CITY HEA	ALTH DEPARTMENT	
_)-0/	MFI	DICAL		CEDTICICATE OF DEATH	60 40004
F	RTH NO.	77122	710712	2	LERTIFICATE OF DEATH REG. NO.	03 10681
	NAME OF DEC	TENNIE SUN	1PTER		2. DATE Known Month Doy OF DEATH Estimoted	Yeor Hour
11	L NAME OF	TIMORE, MARYLAND, N (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INST	ONOUNCED DEAD	3. DATE Month Doy PRONOUNCED DEAD October 29,196	11/11
×	INSTITUTION 1:	134 W. Lexing		, , ,	5. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE Maryland B. COUNTY	1802
	SEX	7. RACE	8. MARRI	ED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
	Male	Negro	WIDOW	ED DIVORCED	Baltimore YE	s No 🗆
Ì	DATE OF BIRT	H 10. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER	
	4/11/	18	7751		1134 W. Lexington Street	
	BIRTHPLACE (State or foreign country)	1	12. CITIZEN OF	13. FATHER'S NAME	
	Sout	h Carolina		WHAT SOUNTRY?	James Sumter	
				OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	14111411
**	Labor	working life, even ifretired) *CT	Cor	nstruction	Emma Fisher	
		ED EVER IN U.S. ARME			18. INFORMANT AD	DRESS
40	no or unknown	(If yes, give wor or dotes	or service)	SECORITY NO.	Mrs Ethel Sumter, same	
	19.	2,4		CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DIRE	CTLY	Arteri	osclerotic Cardiovascular Dise	ease
	/TI	LEADING TO DEATH		(A)IMMEDIATE C		
	heart foilure	ot meon the mode of d e, osthenio, etc. It meons th aplication which coused de	e diseose,	DUE TO, OR A	AS A CONSEQUENCE OF:	
		NTECEDENT CAUSES			**	
	DISEASES	OR CONDITIONS, IF AN		(B)	AS A CONSEQUENCE OF:	
		E ABOVE CAUSE (A) STA NG CONDITION LAST.	ATING THE			
į				(C)		
	TO THE DE	II VIFICANT CONDITIONS C ATH BUT NOT RELATED TO R CONDITION GIVEN IN F	THE TERMI			
	20A. DATE O	F OPERATION 20B. CO	NDITION	FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
)	0					no
	UNDERLYING	NAL CAUSE WAS		22B.PLACE OF INJURY(e.g., home, form, foctory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give exoce bidg., etc.) INJURY OCCUR?	ct location)
TA LA	22D. TIME	(Month) (Doy) (Yes	or) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	OF INITIDY	, , , , , , , , , , , , , , , , , , , ,	, ,			

NOT WHILE (APPROX.) m. WHILE AT I certify that I held on Inquiry Inspection X Autopsy ___ ond that on this basis, death in my opinion resulted from: Natural causes X Suicide Homicide Undetermined monner Accident CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE 10/29/69 EXAMINER'S ASSOCIATE MEDICAL EXAMINER Rorald N. Kornblum, M.D. NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) uburjnCemetry Baltlmore RAR 25C. FUNERAL DIRECTOR Adolphus Halstead North Ave VS 151-REV. 1/1/68

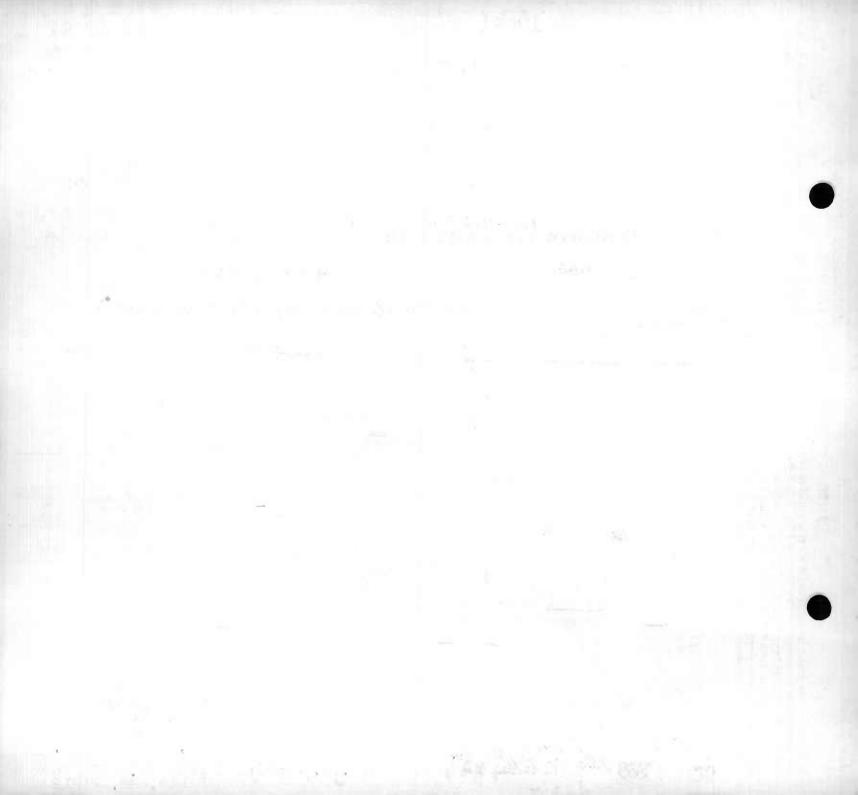


11/3/69-10/14/69-Cerebral arteriegram
10/27/69- angiogramInformation era phone from JHH-rfed Records

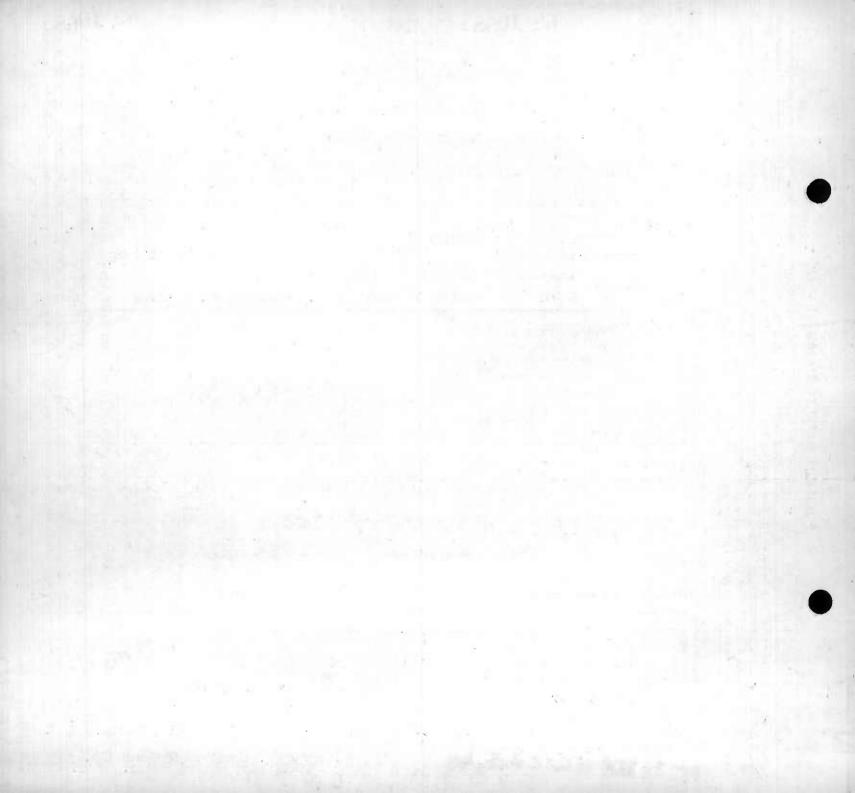
VS 150-REV. 1/1/68



	1		7-520 69 10684 BALTIMORE CITY	Y HEALTH DEPARTMENT	
	36 650	11.1	69 10684 CERTIFICA	TE OF DEATH REG. NO. 69 10684	_
	pital and of death Deceased e on the ath. Such	1,1	IAME OF DECEASED	2. DATE AND HOUR OF DEATH	_
	of d Dece		PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission	v.
		11_		IIA. STATE B. COUNTY	ıl
		11 H	LL NAME OF OF OF THE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STITUTION STITUTION	C. CITY OR TOWN 02 1214 D. INSIDE CITY LIMITS? BACTIMORE YES NO	_
		13	14 UNION MEMORIAL HOSPITH	BACTIMORE YES NO	
	ting d car d car prior			E. STREET AND NUMBER 3313 GRENTON AUE.	_
9	FS O D	5.	EX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye. If Under 24 His	=
3	occu ontrib regul ased		WIDOWED DIVORCED		
12	det in in on	dan	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY e during most of working life, even if retired) REMINGTON	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	¥3
3.3	dea Unc as e d	VE	TIRED REPAIRMONTYPEWRITER CO.	MARYLAND U.S.A	
13-	rectangle (4)		14 ARRY EMGE		
332	stant ne di ind; leath e on	15. (Ye	Wos Deceosed Ever in U. S. Armed Forces? Lina or unknown) (Ilf yes, give wor or doles of service) SECURITY NO.	MARY LIND 17. INFORMANT ADDRESS	
RT.	is the Artificial Arti			MAS. MYRTLE A. EMGE (SAM	E
1200	5 4 5 0 0 L		E 887X		Н
Ş ₹	Also, is of an nounce attend		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not mean the mode of dying (A) IMMEDIATE CAU	MATE CALLOTT	
}	7 . D 0 . B		heatl failure, osthenia, etc. It meons the disease. The DUE TO, OR AS	A CONSEQUENCE OF:	
3 0	- E B - E		ANTECEDENT CAUSES	Fracture of RIGHT HIP	
1	re A A e a		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	
3 2	3.00		rise to the above cause IA) stating the UNDERLYING CONDITION lost.	8	
Δ	edical dical urns; ysicia was	z	II E I ASC	v D	
BA	ef medica medica dy burns, physici cian was	ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	S DIJEASE OF RELUIS	
NER	Prie de le	IIFIC.	19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	-
5	he ch l by (2) Bo re th phys	CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	or about 21 C. WHERE DID (If in Rollingre City give exact location)	-
1	y the tal be; (2) there No phefore	CAL	DEATH (notify medical examiner) home, form, factory, street, all	AT PATIENTS (-) SOME	
3	bed by watur watur (6) I (6) I ned	AEDI	21D-TIME (Month) (Dayl (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	-
3	ovec e ho r nat cept nd ((4	(APPROX) 10 /26/69 10: While AI Work	PATIENT FELL AT HOME	
	thy any any are		22. 1 certify that (1) (this haspital) attended the deceased from	19 6 9 and that in (my) (our) policies death accorded to the	-
1	tal tal tb)		and haur and from the causes stated above. (1) (We) (did) (did nat) vi	the dots decired on the dots	D
9	dent of death)		23A. SIGNATURE	238, DATE SIGNED	-
5	30.22		DEGREE Phys.	nding Med. Staff Phys. 10/29/69	
3	was r An ar L. at c prior			I NION MEMORIZIAL (+) SPITAL	-
realista expo		24A	BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CRE		
3	D.O.D.O.	Ι.	Burial 11/1/69 Baltimore	tany tany of county	
2	the bod shows: was D. decease		DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	7
0/	E & & & & & &	A.	CT 3 0 1969 Crobert & Varbey 124.	H. W. Jenkins & Sons Co. 4905 York	= NO



Type 9, Fraid MARICE SULLIAN A. BUILLA RESIDENCE CONDUCTOR Second fived. II institution residence belief data. S. PLACE IN BAILHOOL MARTHAND, WHERE PRONOUNCED DEAD MOSTRAL OR A. STATE MARY LANGE OF AFORT IN MOSTRAL OR INSTITUTION, GVE STREET MOSTRAL OR B. MICHAEL OR A. STATE MARY LANGE OF AFORT IN MOSTRAL OR INSTITUTION, GVE STREET MOSTRAL OR B. MICHAEL OR MARTHEE STAND NUMBER B. MICHAEL OR B. MICHAEL OR B. MICHAEL OR B. MICHAEL OR MICHAEL OR B. MICHAEL OR B. MICHAEL OR B. MICHAEL OR MICHAEL OR B. MICHAEL OR B. MICHAEL OR MICHAEL OR MICHAEL OR B. MICHAEL OR MICHAEL OR B. MICHAEL OR B. MICHAEL OR B. MICHAEL OR MICHAEL		-4/5 NO. ME OF DECEASED	AO TODO	5 CERTIFICA		H REG. NO	69 10685
TATHER SOLUTION AS MICHAEL OR INSTITUTION, GIVE STREET MARTYLAND 8 MidVale Road 8 MidVale Road 9 STREET AND NUMBER 8 MidVale Road 9 STREET AND NUMBER 8 MidVale Road 10 - 10 - 1908 10 - 10 - 1908 10 - 10 - 1908 10 - 10 - 1908 10 - 10 - 1908 10 - 10 - 1908 10 - 10 - 1908 10 - 10 - 1908 10 - 10 - 1908 11 - 10 - 1908 12 STREET AND NUMBER 13 STATE STREET STRAME 14 MOTHER'S MAIDEN NAME Physician 15 STREET AND NUMBER 16 SACE 16 SACE 17 MARRIEDT NAME Physician 18 MidVale Road 19 MidDOWED 10 - 10 - 1908 10 STREET STREET STRAME Physician 19 MidDOWED 10 STREET STREET STRAME Physician 10 STREET STRAME PATTICK Sullivan of working life, were if retired. 10 MARTICLA STREET STRAME PATTICK Sullivan STREET 18 MidVale Road 19 MidDOWED 10 STREET AND NUMBER 8 MidVale Road 10 - 10 - 1908 10 STREET STRAME 10	1	OR, MAURIC				10/28/69	6 P. N
ADDRESS OR LOCATION 8 Midvale Road E STREET AND NUMBER BALTIMOPE BALTI					A. STATE B.	(Where deceased lived, If COUNTY	institution: residence before admission)
8 Midvale Road E. STREET AND NUMBER S. Midvale Road	HOSPIT	NAME OF (IF NOT IN TAL OR ADDRESS O	OR LOCATION	JTION, GIVE STREET	C, CITY OR TOWN	D. IN	** *
5. SEX M 6. BACE MIDOWED DIVORCED 10-10-1908 Sex bathdays Months; Days Mo		8 Midvale	Road		E. STREET AND NUM	BER	YES NO NO
Note	01	O K as a s	7				
ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	J. SEA						Manths Days Hours Min.
Patrick Sullivan Rabensteiner 15. Was Deceased Ever in U. S. Armed Forces? Yes, more or unknown) (if yes, give were does of service) Yes, more or unknown) (if yes, give were or unk	done du	uring most of warking life, even if	if retired)				U.S. A.
Testing of ordination If yes, give wor or dotes of service Yes Ye	3. FAT		ıllivan		14. MOTHER'S MAIDE		steiner
CAUSE OF DEATH	(Yes, na	ar unknawn) (If yes, give wo	or or dates of service)	SECURITY NO.		atrice A. Sul	
21A. ACCIDENT WAS UNDERLYING CAUSE OF CONTRIBUTING Cause OF Cause	NOITA OUI	ISEASES OR CONDITION SE 10 THE OBOVE COUST NDERLYING CONDITION IL THER SIGNIFICANT CONDITION O THE DEATH BUT NOT RELA SEASE OR CONDITION GIVE! A. DATE OF OPERATION 1	NS, if ony, giving se (A) stating the lost. ONS CONTRIBUTING STED TO THE TERMINAL N IN PART 1 (A). 9B. CONDITION FOR V	(c)			
21D. TIME OF INJURY (APPROX.) 21E. INJURY OCCURRED While At Not While At Wark At Wark At Wark 22. I certify that (I) (this haspitat) attended the deceased from PSC, 7, 1967, and that in (my) (cor.) oplnion death occurred on the ond haur and from the causes stated above. (I) (Max) (did) (did car) when the body after death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS NAME (Type)	U 21 A	A. ACCIDENT WAS UNDER	RLYING 21B,	PLACE OF INJURY (e.g., i	or obout 21C. WHERE I	OtD (If in Baltim	ore City, give exact location)
that (I) (we) last saw the deceased alive an	7 1 - 67	D. TIME (Manth) (Day) FINJURY	Year) (Hour) 21E.	INJURY OCCURRED		D INJURY OCCUR?	
NAME (Type) 600 W. BELVEDERE ARE	21E OF		hospital) attended t	he deceased from		1947 to OC	T 28 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or comy) (St. Burial 10-30-1969 Druid Ridge Cemetery Pikesville, Balto., Md.	Z2.	ot (I) (we) last saw the countries of the cause	deceosed alive an) (Max) (did) (did acr) v	lew the body after d	eoth.	23B. DATE SIGNED

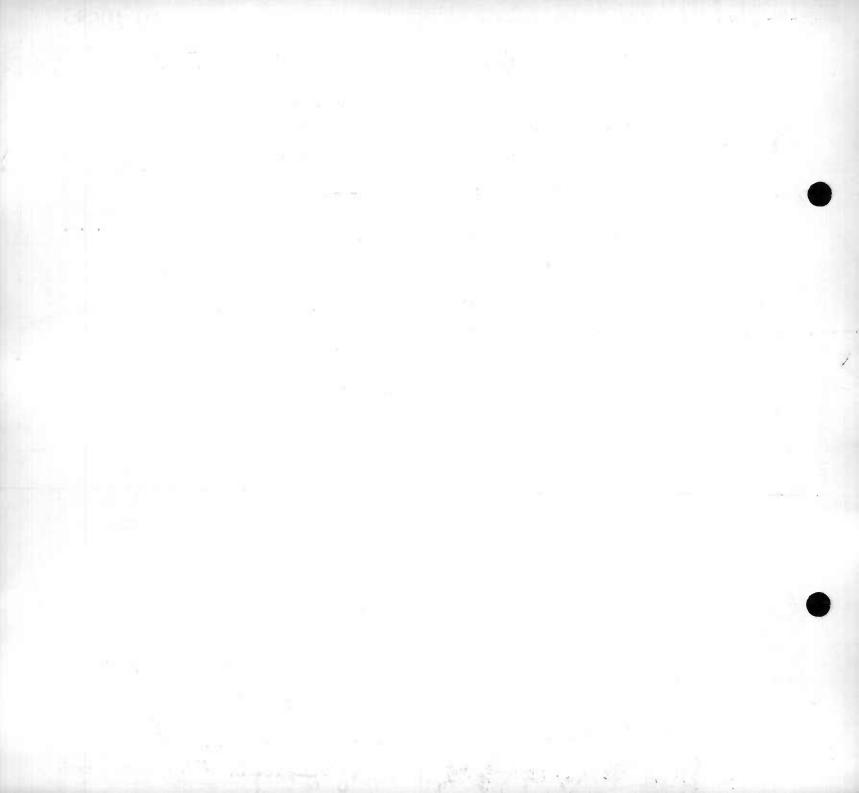


VS 150-REV. 1/1/68

SAB-55-68-

Such

	M-24	0 69	1068			DEPARTMENT		69 10	0686
	RTH NO.		T009	CERTIFIC	CATE C	F DEATH	REG. NO.	00 10	1101
(1)	NAME OF DEC (pe or Print)	KATHERING	E ME	ISEL		2. DATE	106EK 27	1969	8 40 pm
3.	PLACE IN BAL	TIMORE MARYLAND,	WHERE PROP	NOUNCED DEAD	4. USU	AL RESIDENCE (W	here deceased lived	If institution; reside	nce before ddmission)
н	JLL NAME OF OSPITAL OR ISTITUTION			TITUTION, GIVE STREET	1	ryland or town		. NSIDE CITY LIMITS	2664
	J 1	Baltimore				altimore		YES [2]	No
	31	4940 Easte				ET AND NUMBER			
5	SEX	Baltimore,					Fairmount A	venue 2122	24
[T	emale	White	7- MARRIE	ED T DIVORCED	1 7-3⋅	of Birth -1892	9. AGE (In years last birthday)	II Under 1 Y Months Doy	Il Under 24 Hrs. Hours Min.
do	A. USUAL OCCL	PATION (Give kind of wo	rk 108, KIND	OF BUSINESS OR INDUS			oreign countryl	12. CITIZEN	OF WHAT COUNTRY
	Homemo	1			Mai	ryland		τ	J.S.A.
13.	FATHER'S NAM				14. MOT	HER'S MAIDEN N	AME		
		Foseph Kotu	ald			Eliza	abeth Buben	ik	
15. IYe	Was Deceased s.na or unknown)	Ever in U. S. Armed F. III yes, give wor ar da	orces? les of service	1 6. SOCIAL SECURITY NO.	17. INFO				DRESS
1	ro	Delication of the least		216 03 4810	DD Reco	ords : BCH=)	1940 Easterr	Arenne	2122/1
	18	.9		CAUSE OF DE	2000		t/40 Habbell	API	PROXIMATE INTERVAL
	DISEAS	E OR CONDITION D	RECTLY		(1	MIN- YOU	unatory and	OAT BETWI	EEN ONSET AND DEATH
	(This does no	LEADING TO DEATH	f dvina e	(A) IMMEDIATE	LAUSE	1	minute wis	VIV.	
	hearl failure,	osthenia, etc. It meon plication which couse	s the diseas	DUE 10, OR	AS A CONSEC		^ 1		
		NTECEDENT CAUSE		al	ute m	40 Candia	l infanction	n	
	DISEASES O	R CONDITIONS, if	any, givin	DUE TO, OR	AS A CONSE	QUENCE OF:			
	rise to the	obave cause (A)	slating	ne		7,500.00			
	- CHECKETHO	II		(c)					
NO	OTHER SIGNIFI	CANT CONDITIONS CO	ONTRIBUTING	G				- 1	
ATI	DISEASE OR CO	BUT NOT RELATED TO INDITION GIVEN IN PA	RT 1 (A).	***************************************	*************				
CERTIFICATION	19A. DATE OF	OPERATION 198 COL	NOTION FOI	R WHICH OPERATION	20 A. A	UTOPSY/ Yes or	No. 20B IF YES WEI	RE FINDINGS CON CAUSES OF DEAT	(SIDERED 'H?
7	IOR CONTRIBUT	T WAS UNDERLYING[ING CAUSE OF medical examined	h	1B. PLACE OF INJURY (e. ame, farm, factory, street, tc.)	alfice bldg.,	21 C. WHERE DID INJURY OCCUR?	(If In Baltin	nore City, give exa	ct locotion)
MEDIC	21D. TIME	(Manth) (Doy) (Year)	(Haus) 21	L INJURY OCCURRED		21F. HOW DID IN	VIURY OCCUR?		
ξ	(APPROX.)		y	Vhile At U	hile F		4.0	101	
	22. I certify t	hat (1) (this bosnita		the deceased from	10/0), ,	19 to	$-10h_{2}$	69
	that (I) (we)	ast sow the deceas	ed allve on	1000	19	/(d)			19
		,		(I) (We) (dld) (dld not			that in (my) (our) o	binion death oc	curred on the dote
	23A. SIGNATUR	E		tif they tala fall list	/ view the c	ody offer deoth	•	23B, DATE SIG	NED
		1000			Hending	Med. Director	Staff Phys.	10/28/	
	23C. PHYSICIAN NAME (Ty	TOE	TORK	DEGREE	23 D. ADDR	ESS			
244	BURIAL CREAT	ATION 1248 DATE		DEGR			yland 2122	4.140	
	REMOVAL (SE Burial	ATION, 248. DATE	10 11	NAME OF CEMETERY OF C Ly Redeemen (emetern			(Cily, lawn, or cau	ntyl [Stole)
25A	DATE REC'D		- /	OF REGISTRAR		UNERAL DIRECTO		uryland A	DDRESS
	OCT 30	1369 October	E. Val	See M.B.	111	Mr. Z.	1211	(hesaco	A .



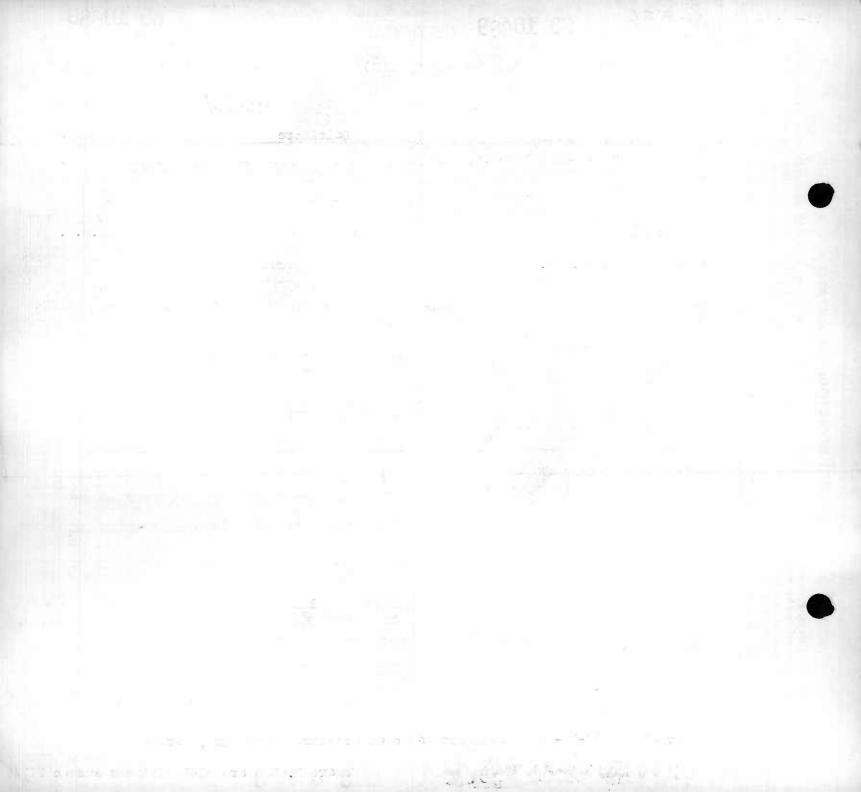
1	-	T-656	00	40.00	BALTIMORE CITY	HEALT	H DEPARTMENT		CO	10007	
the uch	BIF	RTH NO.	60	T088.5	CERTIFICA	TE C	OF DEATH	REG. NO	03	10687	
E S		Pe of Print) HARR	Y R TUR				2. DATE AN	D HOUR OF DEATH	1	8:15	Р
	3.	PLACE IN BALTIMORE,	MARYLAND, WI	HERE PRONOUN	CED DEAD	A. USUAL RESIDENCE (Whore doceosed lived. If institution: asidence before admission) A. STATE B. COUNTY					
attendance ior to deat	FU HC IN	ILL NAME OF (IF I OSPITAL OR ADI STITUTION	NOT IN HOSPITA DRESS OR LOCA	L OR INSTITUTION	ON, GIVE STREET	MD. BALTO CO 2505					
ior 4		T AGNES HO					RYLAND		YES 🗌		
prio		ILKENS & C				E. STREET AND NUMBER 3711 ST MARGARET ST @L 21225					
regulo eased is mad			WHITE	WIDOWED	NEVER MARRIED DIVORCED	04	/13/91	9. AGE (In years lost birthdoy) 78	II Undo Months	er 1 Yr. Il Und Doys Hours	er 24 Hrs. Min.
decec ition is	don	USUAL OCCUPATION	, even if retired)		SINESS OR INDUSTRY	11. BIRT	HPLACE (Stote or forei	gn country)		IZEN OF WHAT	COUNTRY?
Des	13.	MACHINIS'	11	В & О	RAILROAD		IARYLAND	AE	U	SA	
> = 0		PHILLIP TUP	RNER			SA	RA (MATTH	EWS)			
	15. (Ye:	Was Doceased Ever in U s,no or unknown) (If yes, s	. S. Armed Force	of sorvice)	SOCIAL SECURITY NO.		RMANT		FNS	& CATON	AVEC
P 플 트		NO			705 07 873		T AGNES H	OSP. BA	LTO.		AVES
tenda ed or		DISEASE OR CO	NDITION DIRE	CTLY	CAUSE OF DEAT	1				APPROXIMATE I	
3 = 5		LEADING	TO DEATH		(A) IMMEDIATE CAU	SE /	neumonie	C			
ar		(This does not meen heart failure, asthenia, injury or camplication	elc. Il means I	he disease.	DUE TO, OR AS			***************************************		***************************************	
0 00 0			ENT CAUSES		(B) artery	s al	erotic a	rdio-Vasa	ular		
_ 0		DISEASES OR CONI	couse (A)	ny, giving slaling the	DUE TO, OR AS	A CONS	QUENCE OF:	disea	u		0000-00 CM
ician as ii ains		UNDERLYING COND	TION last,		(c)						
SE	HOLL	OTHER SIGNIFICANT CO TO THE DEATH BUT NO	TRELATED TO THE	TERMINAL							
sici the	CERTIFICATION	19A-DATE OF OPERATION	ON 198 COND WAS PERFO	TION FOR WHI	CH OPERATION	20A.	AUTOPSY? (Yes of No)	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF	CONSIDERED DEATH?	
here the Vo physical before the		21A. ACCIDENT WAS U	INDERLYING	218. PLA	CE OF INJURY (e.g., in	or obout	NO 21C. WHERE DID			e exect lecation)	
ot whe (6) No ned ber	CA	DEATH (notify medical e	xomined	etc.)	arm, factory, street, of	ice blag.,	INJURY OCCUR!				
xcept wind (6) h	MED	21 D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Year)	While A	VIRY OCCURRED Not While At Work		21F. HOW DID INJU	RY OCCUR?			1
		22. I certify that (N) (this hospital)	Work			12/ 1	969_to_10	125	10	69
- C G		that (1) (we) last saw	the deceased	alive on	10/25/	19	69 and the	t In (m/) (our) opi			
pite Batl		and hour and from the	couses state	d above. XXX	(qid) (Aid Ach) Xi	ew the	body ofter deoth.				
a hospital (ex to death); ar al must be ob		Rulein	1/	Luca	MA Atter	iding 🔲	Med.	Staff N		E SIGNED	
or to		23 C. PHYSICIAN'S NAME (Type)	V .	TAVIA		3D. ADD		hys. 121	10/	25/69	
Pri ppri		RUBEN LI	JNA		M.D. DEGREE	S	T AGNES H	OSPITAL-B	ALTO.	, MD.	
Sed n	24A	REMOVAL (Specify)	24B. DATE		of CEMETERY of CRE	MATORY	24D. LO	CATION (C	ily, town, c	or county)	(Slotel
Ced ifte	25A	Burial DATE REC'D BY HEAL	10-29-69	Meador 58. NAME OF R	vridge Memor		Park Dors	sey How	ard	Mary 1a	ind
was D.O.A. at a he deceased prior to written approval n		OCT 3 0 195		E Jable			yard H. Hub	pard 4107 W	Vilken		1229
	VS 1	150-REV. 1/1/68				-					

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

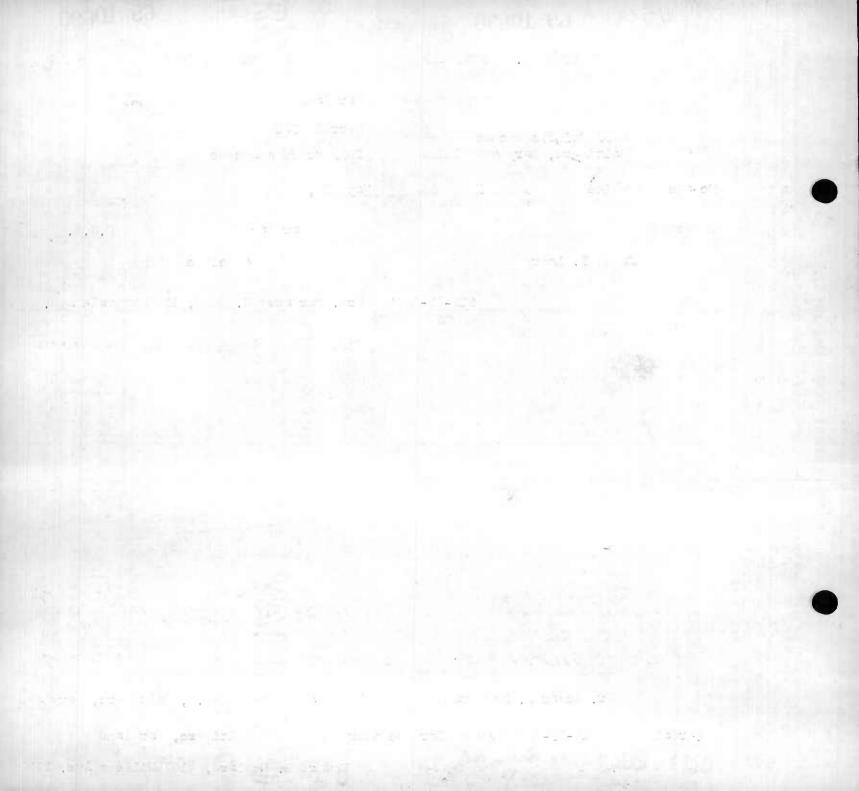
11) 420	0.40		HEALTH DEPARTMENT	200 200	69 10688
DIKITI IVO.	9 1068	8 CERTIFICA	TE OF DEATH		03 1088
1. NAME OF DECEASED JAMES	FRANCIS	WALLACE, SR.		AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND	. WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	ber 27, 1969	stitution: residence before admission)
			Maryland B. COI	YNTY	1552
FULL NAME OF (IF NOT IN HO! HOSPITAL OR ADDRESS OR LO NSTITUTION	DCATION)	UTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
		1 1	Baltimore		YES NO
235 / Was	hington B	IVd.	E. STREET AND NUMBER		
	e, Maryla		2357 Washingt		
6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male White	WIDOWED		2-15-1892	77	
OA. USUAL OCCUPATION (Give kind of lone during most of working life, even if retire		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of to	oreign country)	12. CITIZEN OF WHAT COUNTRY
Conductor	Baltim	ore Transit Co			U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
James Francis	s Wallace		Unknown	1	
S. Wos Deceosed Ever in U. S. Armed Yes, no or unknown) (If yes, give wor or		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21230
No		213-10-1116	Mrs. Theresa	Wallace, 235	7 Washington Blvd.
18. / 4 4		CAUSE OF DEAT	H .		APPROXIMATE INTERVAL
DISEASE OR CONDITION	DIRECTLY				C C
LEADING TO DEA	TH	CALLANEDIATE CAL	ISE Carcin in	utori'	Smath
(This does not meon the mode	of dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	9711-1	
heart failure, asthenia, etc. It me		,			
injury or complication which cou	sed deoth.)				
ANTECEDENT CAU	\$ES .	(8)			
DISEASES OR CONDITIONS,	if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove couse (A) stoting the	(a)			
ONDERENNO CONDITION 1031.		(C)			
O OTHER SIGNIFICANT CONDITIONS	CONTRIBITING	1 0	,		
E I TO THE DEATH BUT NOT KELATED I	O THE TERMINAL	100-6	<u> </u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***********
19A. DATE OF OPERATION 198. C	ONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE	FINDINGS CONSIDERED
HBIIVICI III.	PERFORMED	L. BTur of cold	n K.	IN CERTIFYING CA	USES OF DEATH?
U ZIA. ACCIDENT WAS UNDERLYIN		B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hor		fice bldg., INJURY OCCUR?		
O 21 D. TIME (Month) (Doy) (Yo	eor) (Hour) 21E	E, INJURY OCCURRED	21F. HOW DID I	NILLBY OCCUP?	
OF INJURY		hile At C Not Whil			
(APPROX.)		ork At Work			
22. I certify that (I) (this hasp	ital) attended	the deceased fram	2-6	1962 to	10/25 196 9
that (1) (we) lost sow the dece	osed olive on	10/25	19 69 and	that in (my) (our) opi	nion death occurred on the dat
ond haur and fram the couses					
23A. SIGNATURE	stoted obove. ((i) (we) Awa) (did nai) (new the body offer deat	п•	23B, DATE SIGNED
1 2 1-2 -	711	Man Atte	ending Med.	Stoff	10/10/19
see off	sold .	DEGREE Phy	s. Director	Phys.	12/18/
NAME (Type) Dr. Elli	ott Fishe		23D. ADDRESS Eutaw & Pratt	Streets, Ba	lto., Md.
24A. BURIAL CREMATION, 24B. DATE	24C. N	DEGREE	EMATORY 24D	LOCATION (C	ity, town, or county) (Stote)
Burial 10-3	0-69 Me	adowridge Ceme	etery Wa	shington Blv	d. Howard Co., Md.
SA. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
OCT 3 0 1959 366	E Color				Wilkens Ave. 21229
VS 1S0-REV. 1/1/6B			0 0 1	4	

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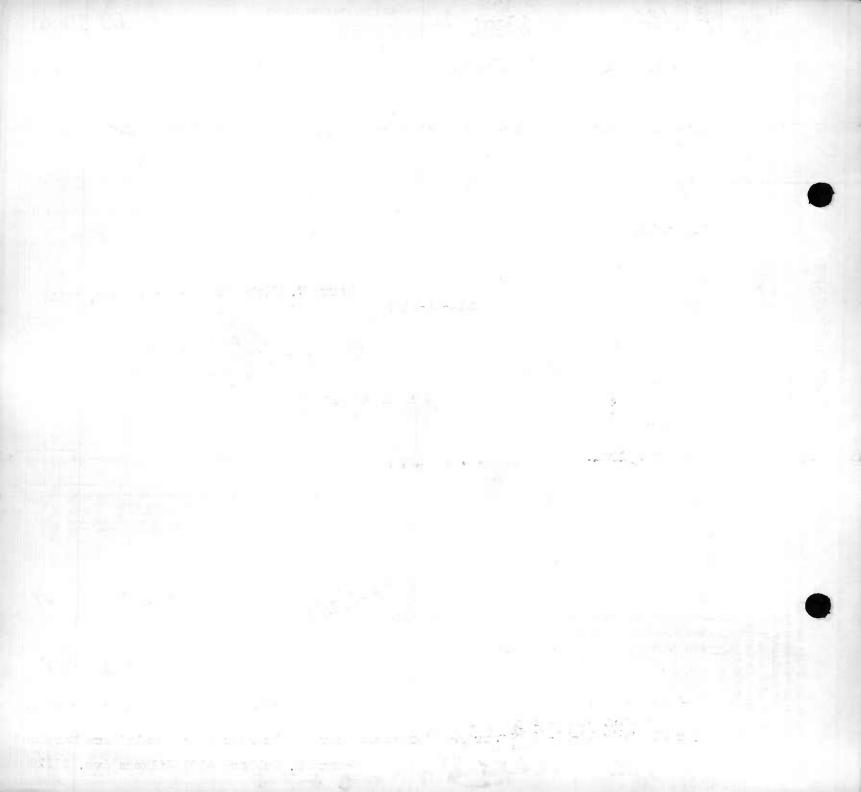


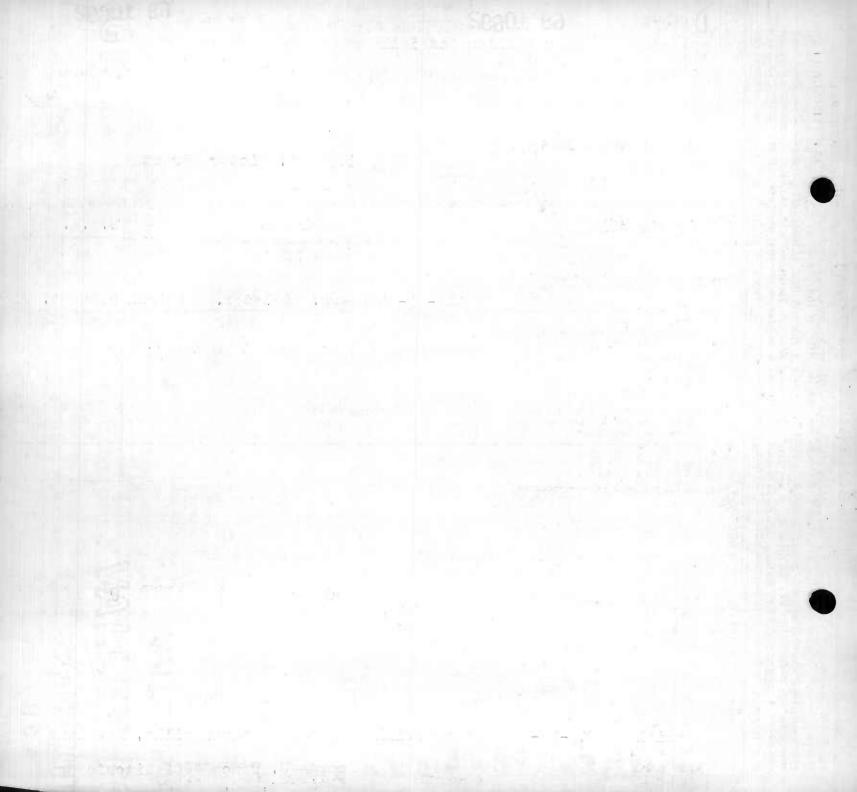
FUNERAL DIRECTOR: IMPORTANT

NAME OF DEC	EASED			2. DATE A	ND HOUR OF DEAT	Н
Type or Print)	MARY	A. C	OOLAHAN	Octob	,	
. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (Who		institution: residence before admission
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	Maryland C.CITY OR TOWN Morrell Park	D. IN	ISIDE CITY LIMITS? YES NO NO
00	2055 Griffi Baltimore,			E. STREET AND NUMBER 2055 Griffis	Avenue	
- SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
Female	White	WIDOWED		May 10, 1901	lost birthdoy	Months Doys Hours Min.
		10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTR
lous ewife	working life, even if retired)			Maryla	nd	U.S.A.
3. FATHER'S NA				14. MOTHER'S MAIDEN NA		U.D.A.
	James P. Lea	rv			Catherine	Convey
S. Wos Deceosed	Ever in U. S. Armed Fore	ces?	1 6. SOCIAL	17. INFORMANT	oweller The	ADDRESS
fes, no ot unknown	(If yes, give wor or dote	s of service)	SECURITY NO.			21228
No			215-22-1886 CAUSE OF DEAT		C. Koch, 1	300 Midvale Ave.
DISEASES C	nplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost.	ony, giving		A CONSEQUENCE OF:		
DISEASES OF THE DISEASE OF THE DISEA	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II FICANT CONDITIONS COI TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	ony, giving slaling the NTRIBUTING HE TERMINAL T I (A).	(c)		a) 20R IE VES WEB	E EINDINGS CONSIDERED
DISEASES OF THE DISEASE OF THE DISEA	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II FICANT CONDITIONS COI TH BUT NOT RELATED TO TO	ony, giving slating the NTRIBUTING HE TERMINAL T I (A).	(c)	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WER	EE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES (rise to the UNDERLYING OTHER SIGNIF TO THE DEAL DISEASE OF C 19A. DATE OF 21A. ACCIDE OF CONTRIBUTE DEATH (notify	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II FICANT CONDITIONS COI TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR F OPERATION 1998. CON	ony, giving slating the NTRIBUTING HE TERMINAL T I (A). DITION FOR NEO	WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, steet, o			DE FINDINGS CONSIDERED CAUSES OF DEATH?
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DISEASES OF THE DEAT OF THE DEATH (notify) 21 A. ACCIDE OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.) 22. I certify that (I) (we)	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II FICANT CONDITIONS COI TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR F OPERATION 19B. COM WAS PER! NT WAS UNDERLYING UTING CAUSE OF medical examines) (Month) (Doy) (Year) That (I) (this haspital) last saw the decease d fram the causes state	ony, giving slaling the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR MED 21B. hometc. (Hour) 21E. Wh. Wo	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, o	20 A. AUTOPSY? (Yes or N in or obout 21 C. WHERE DID Iffice bldg., INJURY OCCUR? 21 F. HOW DID IN	JURY OCCUR?	nore City, give exoct location) 2 - 19 - 9
DISEASES OF THE DEAT OF THE DEATH (notify) The DEATH (notify	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II FICANT CONDITIONS COL TH BUT NOT RELATED TO THE BUT NOT RELATED TO THE CONDITION GIVEN IN PARF F OPERATION PASS PERF NT WAS UNDERLYING VAS PERF (Month) (Doy) (Yeor) That (I) (this haspital of the cause state of the cause of	ony, giving slaling the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR MED 21B. hometc. (Hour) 21E. Wh. Wo	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, or injury occurred lile At Not Whith At Work he deceased fram	20 A. AUTOPSY? (Yes or N in or obout 21 C. WHERE DID iffice bldg., INJURY OCCUR? 21 F. HOW DID IN le	JURY OCCUR?	pinian death accurred an the da
DISEASES OF THE PROPERTY OF TH	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II FICANT CONDITIONS COL TH BUT NOT RELATED TO THE BUT NOT RELAT	ony, giving slaling the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR MED 21B. hometc. (Hour) 21E. Wh. Wo	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, or injury occurred has been been been been been been been bee	20 A. AUTOPSY? (Yes or N in or obout 21 C. WHERE DID iffice bldg., INJURY OCCUR? 21 F. HOW DID IN le	JURY OCCUR? 1967 to hat in (my) (our) a	pinian death accurred an the da
DISEASES (ise to the UNDERLYING) OTHER SIGNIFITO THE DEAT DISEASE OR COTTON TO THE DEATH (notify) 21A. ACCIDE OR CONTRIBUTED OR CONTRIBUTED DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and and haur and and haur and 23A. SIGNATURED CONTRIBUTED CONTRIBUTE	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II FICANT CONDITIONS COI TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR F OPERATION 19B. COM WAS PER! NT WAS UNDERLYING UTING CAUSE OF Medical examines) (Month) (Doy) (Yeor) That (I) (this haspital) last saw the decease d fram the causes stat URE ANTS Type) Dr. Cesar	NTRIBUTING HE TERMINAL I 1 (A). DITION FOR MED (Hour) 21E. Wh Wo attended to dalive an red abave. (I	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, or injury occurred he deceased from the deceased from	20 A. AUTOPSY? (Yes or North Property of North P	JURY OCCUR? 1967 to	pinian death accurred an the da Examiner's 238 DATE SIGNED 10/27/69 Baltimore, Maryland
DISEASES (ise to the UNDERLYING) OTHER SIGNIFITO THE DEAT DISEASE OR COTTON TO THE DEATH (notify) 21A. ACCIDE OR CONTRIBUTED OR CONTRIBUTED DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and and haur and and haur and 23A. SIGNATURED CONTRIBUTED CONTRIBUTE	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost.	NTRIBUTING HE TERMINAL I 1 (A). DITION FOR MED (Hour) 21E. Wh Wo attended to dalive an red abave. (I	WHICH OPERATION PLACE OF INJURY (e.g., le, form, foctory, street, or injury occurred like At At Work he deceased fram 2.1) (We) (did) (did nat) when the deceased fram 2.1) (We) (did) (did nat) when the deceased fram 2.1)	20 A. AUTOPSY? (Yes or North Property of North P	JURY OCCUR? 1967 to	pinian death accurred an the da
DISEASES (rise to the UNDERLYING OTHER SIGNIF TO THE DEAT TO THE DEAT DISEASE OF C 19A. DATE OF 21A. ACCIDE OF CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we) and haur an 23A. SIGNATU 23C. PHYSICIA NAME (I)	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II FICANT CONDITIONS COI TH BUT NOT RELATED TO THE BUT NOT RELAT	ony, giving slaling the NTRIBUTING HE TERMINAL T I (A). DITION FOR MED 218, hometa. (Hour) 21E, Wh. (Hour)	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, or injury occurred like At Not White At Work he deceased fram DEGREE Physics of CEMETERY or CR	20 A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID IN 19 C. 19	JURY OCCUR? JURY OCCUR? 1967 to	pinion death accurred on the do Examiner's 23B, DATE SIGNED 10/2 7/69 Baltimore, Maryland (City, town, or county) (Stote)



T-110	1 00	1.0	BALTIMORE CITY	HEALTH DEPARTMEN	T _/	
BIRTH NO.	69	10693	1 CERTIFICA	TE OF DEAT	H REG. NO	69 10691
1. NAME OF DEC (Typo or Print)	ARET L			2. DAT	E AND HOUR OF DEAT	
3. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE	Where deceased lived, If	institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITADDRESS OR LOC	TAL OR INSTITU ATION)	TION, GIVE STREET		3a/to.Co.	SIDE CITY LIMITS?
SOUTH	BALTIMORE	GENE	RAL HOSPITAL	Baltim E. STREET AND NUMB	310	YES NO
7/				2402	Alma R.	oad
5. SEX	6. RACE	WIDOWED	NEVER MARRIED DIVORCED	6-29-13	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
IOA. USUAL OCCI	JPATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole o	foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewif				maryl		USA
		,		14. MOTHER'S MAIDEN	NAME	
	d Erick k			Elsie	Teat	
5. Was Deceased Yes, no or unknown)	Ever in U. S. Armed For	ces? es of service)	1 6. SOCIAL SECURITY NO.	Harry V. F	letcher 2/02	Alma Road, 21227
No			214-01-6167	Hospital,	lecord 2402	Alma Koad, 2122/
18.	0 0 1		CAUSE OF DEATH		- 00 600	APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY		1 .	0 1-11	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	Massine (Reute Myoc	ordeal
(This does no	at meon the mode of astheria, etc. It means	dying, e.g.,		CONSEQUENCE OF:		
injury or cam	plicotian which coused	deoth.)			madein	
_ A	NTECEDENT CAUSES		A.S.C	11.0.	1	
DISEASES O	R CONDITIONS, il	any aivina	10/-/	A CONSEQUENCE OF:		***************************************
rise to the	abave cause (A)	stoting the		N GONGLAGENCE OI.		
UNDERLYING	CONDITION lost.		(C)	**********************	*******	
-	11					
OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING				
DISEASE OR CO	ONDITION GIVEN IN PAR	T 1 (A).	***********************			
	OPERATION 198 CON WAS PER	FORMED		20A. AUTOPSY? (Yes	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF modical examines	21 B. F home etc.)	LACE OF INJURY (e.g., in , form, foctory, street, aff	or obout 21 C. WHERE DI	Q (If in Boltim	ore City, give exact location)
M I OF ILLIAN	(Month) (Doy) (Yeoi)	(Hour) 21 E. I	NJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)		While	At Work			
22	that (I) (this hospital			10/26	19	10/12 19
			1-127		19 <u></u>	196
	lost saw the decease		7	•	and the same of th	olnian death accurred an the date
		ed abave. (1)	(We) (dld) (dld nat) vl	ew the body ofter dea	th.	
23A. SIGNATU	Mami	1 pol		. /		23B. DATE SIGNED
(1/1000	The		ding Med.	Staff Phys.	10/27/69
23C. PHYSICHAN	YS /		DEGREE	D. ADDRESS		1 / 1
EM.		M. O,		3927 ANNA	onic DI	BOIT HADI
24A. BURIAL CREA REMOVAL (S			ME of CEMETERY OF CRE			COSUI, MARYLAN
					-	City, town, or county) (Stote)
Burial	10-31-0		rison Forest		eisterstown	Baltimore Maryland
DA. DATE REC'D	SY HEALTH DEPT.	258. NAME OF	REGISTRAR	25C. FUNERAL DIRECT	TOR	Wilkens Ave. 21229
00130	1989 Robert 8	Acres !	and in	HOWALU H.	upparu 410/	WITTERS TIVE. LIZZY
S 150-REV. 1/1/6	8					

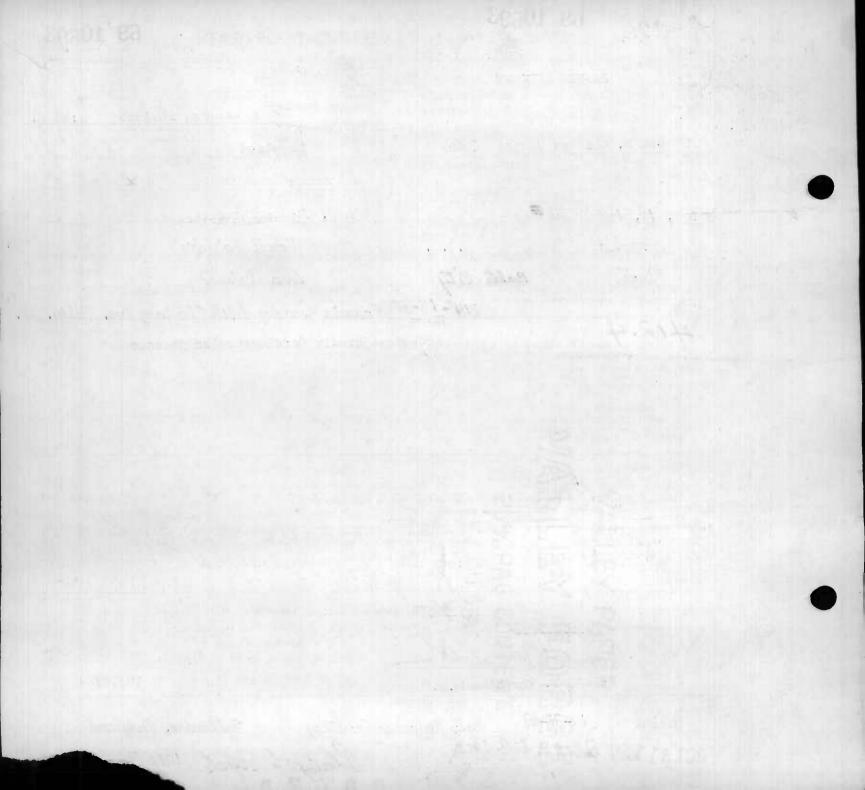




\$200 69 10693 BALTIMORE CITY HEALTH DEPARTMENT

ø	0					
-	ME	DICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

MEDICAL EXAMINER'S CERTIFICA	TE OF DEATH 69 10693
BIRTH NO.	REG. NO.
(Type of Print) TOGETHI DOLLOGYTY	Known Month Doy Yeor Hour Estimated Month Month Month
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE	Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5 USHAL RESID	October 28,1969 5:40 P.M. DENCE (Where deceosed lived. If institution; residence before odmission)
0 834 N. Chester Street (DOA)	Maryland B. COUNTY 704
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TO	D. INSIDE CITY LIMITS?
Male White widowed □ Divorced □ Baltim	
9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 10. AGE (In year	Chester Street
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF 13. FATHER'S N	
Maryland WHAT COUNTRY?	Frank Rokosky
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S done during most of working life, even if retired)	
Lerk Balto City	Anna Poledna
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	ADDRESS
19. CAUSE OF DEATH	Rokosky 4818 Claybuag Ave Balto Nd. BETWEEN ONSET AND BEATH
DISEASE OR CONDITION DIRECTLY Arteriosclerotic	Cardiovascular Disease
LEADING TO DEATH (A) IMMEDIATE CAUSE	100
(This does not meon the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which caused death.)	ICE OF:
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS IF ANY GIVING DUE TO, OR AS A CONSEQUE	NCE OF:
UNDERLYING CONDITION LAST.	
II CONTRACTOR CONTROLLA CO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	no
	WHERE DID (If in Boltimore City, give exoct location)
UTING CAUSE OF DEATH.	
OF INJURY	HOW DID INJURY OCCUR?
m. WORK AT WORK	
23.	and that on this basis, death in my opinion
resulted from: Natural couses X Accident Suicide Homic	
	EF MEDICAL EXAMINER
SIGNATURE SIGNATURE M.D. ASSISTA	NT MEDICAL EXAMINER
	TE MEDICAL EXAMINER 10/29/69
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial 10-31-69 Holy Redeemen Cemeter	Baltimone, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUN	MERAL DIRECTOR ADDRESS
OCT 31 160 Obber & teller, M.C.	lis 6. Grach 1211 Chew
VS 151-REV. 1/1/68	7 0



				BALTIMORE CITY	HEALTH DEPARTMENT		00 10	
1	- 620	65	9 106	94 CERTIFICA	TE OF DEATH	REG. NO	69 106	94
	AME OF DECE	EASED				AND HOUR OF DEAT	Н	/ a _
Тур	e or Print)	ELIZABET	H M.	FRIES	/	0/26/69	16	- P M.
3. F	LACE IN BALT	TIMORE, MARYLAND, W	HERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE (W		institution: residence	before odinission)
FUI	LNAMEOF	(IF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	Md.		26	09
IN S	SPITAL OR TITUTION	ADDRESS OR LOCA			C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
		3421 Elliott		164	Baltimore E. STREET AND NUMBER		YES X	10 📗
2	0.	Baltimore,	21224	, Mus		tt St. # 2]	.224.	
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.
	Female	White	WIDOWED	DIVORCED _	Oot. 29,1889	79		
		JPATION (Give kind of work working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY			12. CITIZEN OF	WHAT COUNTRY?
		ired	Hou	se Work	Baltimo	re , Md.	U.S	5.A.
3. 1	ATHER'S NAA		77		14. MOTHER'S MAIDEN N			
		Ambrose	Hess le:	r		Anna Has	eni	
S. V	Vas Deceosed	Ever in U. S. Armed For (If yes, give wor or date	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	
	No	, , ,			Frank P. Frie	s, Sr. 2256	Graythorn	Rd. Bago.
	1B. 64	8.91		CAUSE OF DEAT	Н			MATE INTERVAL
		E OR CONDITION DI	RECTLY			e 1 1		24/6/
		LEADING TO DEATH at mean the made of	dvina ea	(A) IMMEDIATE CAL		1 Emtoleye	tra -	27/13.
	heart failure,	asthenia, etc. It means	the disease		A CONSEQUENCE OF:	Survey	501	
		plication which caused ANTECEDENT CAUSES			10 V.	6,0	11. 7	IWK.
				(B) OR-AS	A CONSEQUENCE OF:	- oran e	177B	
	rise la lhe	R CONDITIONS, if abave cause (A)			Pleurs	1 WK	- A)
	UNDERLYING	CONDITION last.		(c)	1/(02.)			
z	OTHER SIGNIE	II ICANT CONDITIONS CO	NITPIRIITING		2			
ATION	TO THE DEAT	H BUT NOT RELATED TO T	HE TERMINAL					
	19A. DATE OF	OPERATION 19B. CON WAS PER	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WER	E FINDINGS CONSIDERALS OF DEATH?	DERED
ERTIFIC	0					III CERIII IIII C		
U	OR CONTRIBU	NT WAS UNDERLYING [ITING [] CAUSE OF medical exominer)	21 horeto	me, form, foctory, street, o	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact la	ocotion)
EDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
Σ	(APPROX.)			hile At Not Whi	le 🔲		,	
	22. I certify	that Othis haspita	1) attended	the deceased from	10/19	19 6 9 ta	10/26	19 69
		last saw the decease		10/19	19 6 7 and		plnian death accu	rred an the date
	-			(D) (We) (did) did not)	view the bady after death			
	23A- SIONATU						23B, DATE SIGNE	D
(Za	orange of	5	Oh.	ending Med.	Staff Phys.	10/2	6/69
	23C. PHYSICIA	MS	~ ~	DEGREE T")	23D. ADDRESS		7/	1
1	NAME (A WOW of	D.13	SAHIC	Wilken	& Peni	Heighet	M.
24A	BURIAL CRE	MATION, 248 DATE	24C. N	NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION	City, hwn, or county	(Stote)
	Buria		59.	Saored Heart	Cemetery 74	Ol German I	Hill Rd., Ba	a.Co.,Md.
25A		BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT		S. Conkli	
	OCT 31	1203 Organs	- 15-16	等作品 八	a Church ST. 7	Silas Bal	to., 21224	.Id.
/c	150-DEV 1/1/4	L D	1	7 / 4	0 0			

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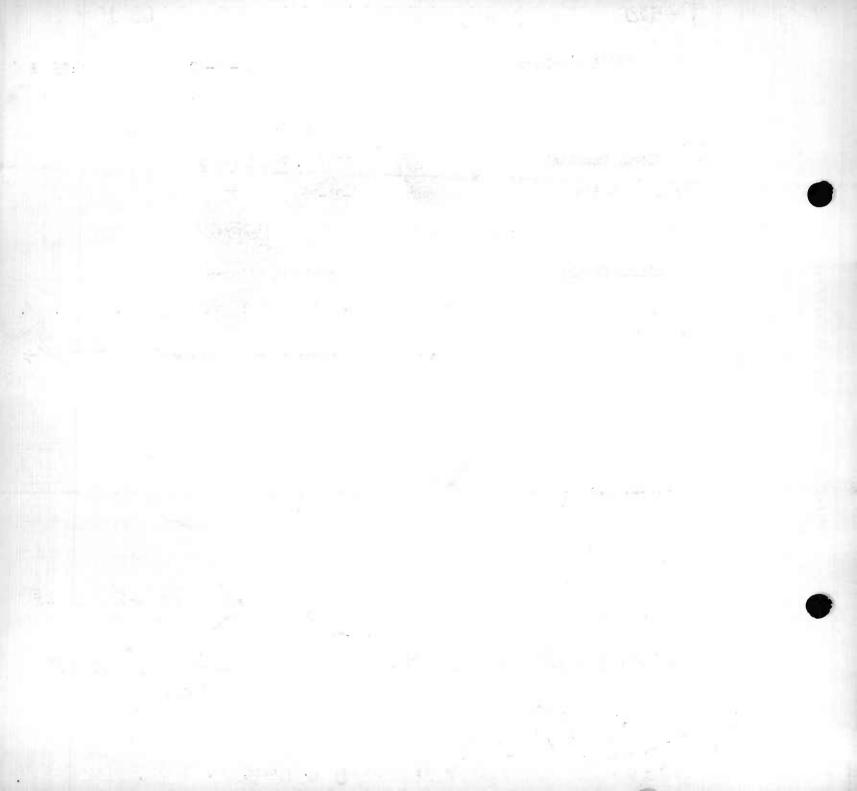
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				HEALTH DEPARTMENT		00 10 - =
D-552	69	1069	5 CERTIFICA	TE OF DEATH	REG. NO	69 10695
1. NAME OF DECE (Type or Print)			NCHIK	2. DATE	ober 26. 19	
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	Vhere deceased lived. If	institution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	Md. C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
20	3320 Fai			Baltimore	,	YES 👫 NO
	Baltimor	e , 212	24 , Md.	3320 Rait	4.4	24.
S. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	White	WIDOWED	DIVORCED	June 4, 1915	54	
		k 10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	orking life, even if retired)	Halm D	adaaman Cam	None	m Da	TT C A
Adminia 3. FATHER'S NAM		HOTA H	edeemer Cem.	MONOSSE 14. MOTHER'S MAIDEN I		U.S.A.
3. FAIRER 3 NAV	Hnat De	mianchi	k		Christina Dz	ubin
S. Was Deceosed	Ever in U. S. Armed For	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	W.W.II		215-05-1370	Matilda Demi	anchik:	Same.
OTHER SIGNIFITO THE DEATH DISEASE OR CO	R CONDITIONS, if obove couse (A) CONDITION lost. I CANT CONDITIONS CO H BUT NOT RELATED TO JONDITION GIVEN IN PA OPERATION 198. CO	stating the ONTRIBUTING THE TERMINAL RT 1 (A).	(c)	A CONSEQUENCE OF:	No) 208. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF	WAS PER	FORMED			IN CERTIFIING C	AUSES OF DEATH!
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	218 hor etc.		n or obout 21C. WHERE DIE fice bldg., INJURY OCCUR	? (If in Baltim	ore City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		ile At Not While	• 🗖	INJURY OCCUR?	
that (I) (we)		ed alive an.	000, 06 1) (4) (did) (did-not) v	nding Med.		26 1969 pinian death accurred an the dat 238, DATE SIGNED 16-27-69
PHYSICIAL NAME (Ty	pe)	Engles	UEGKEE	23D. ADDRESS		
	Jason H.		DEGREE			alto., 21224, Md.
24A. BURIAL CREA REMOVAL (S Buri			St. Stanislau			City, town, or county) (Stote) Ve., Balto., Md.
2SA. DATE REC'D			OF REGISTRAR	2SC. FUNERAL DIREC		ADDRESS
0070	1980 Pelas	E Tel	ALL ALB	lah order of	Parla Ba	l S. Conkling St.



DIRECTOR:

FUNERAL



69 10697 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 BIRTH NO 2. DATE Known X NAME OF DECEASED Month Day Year (Type ar Print) OF Frank McKnight 18 69 Estimated 10 9:40 am DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE 13 Manth Year Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 10 18 69 :40 a. HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY 2026 Booth St. Maryland 7. RACE 6. SEX C. CITY OR TOWN D. INSIDE CITY LIMITS B. MARRIED NEVER MARRIED colored male Baltimore WIDOWED DIVORCED NO YES __ E. STREET AND NUMBER 9. DATE OF BIRTH lost birthdoy) 74 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min. 2026 Booth St. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during mast of working life, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT ADDRESS SOCIAL (Yes, na ar unknown)(If yes, give war ar dates of service) SECURITY NO. APPROXIMATE INTERVA CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (A)IMMEDIATE CAUSE (This daes not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c)_ CATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CERTIFIC DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) no ₹ 22A. 228. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Baltimare City, give exact lacation) home, farm, factory, street, office bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22F. HOW DID INJURY OCCUR? 22D TIME (Manth) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. I certify that I held on Inquiry Inspection X Autopsy and that on this basis, death in my opinion resulted from: Natural causes X Accident Suicide Homicide ___ Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) Werner U. Spitz, M.D Deputy Chief Medical Examiner LO/18/69 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION 24A. BURIAL CREMATION, 248 DATE (City, town, ar county) (Stote) REMOVAL (Specify)

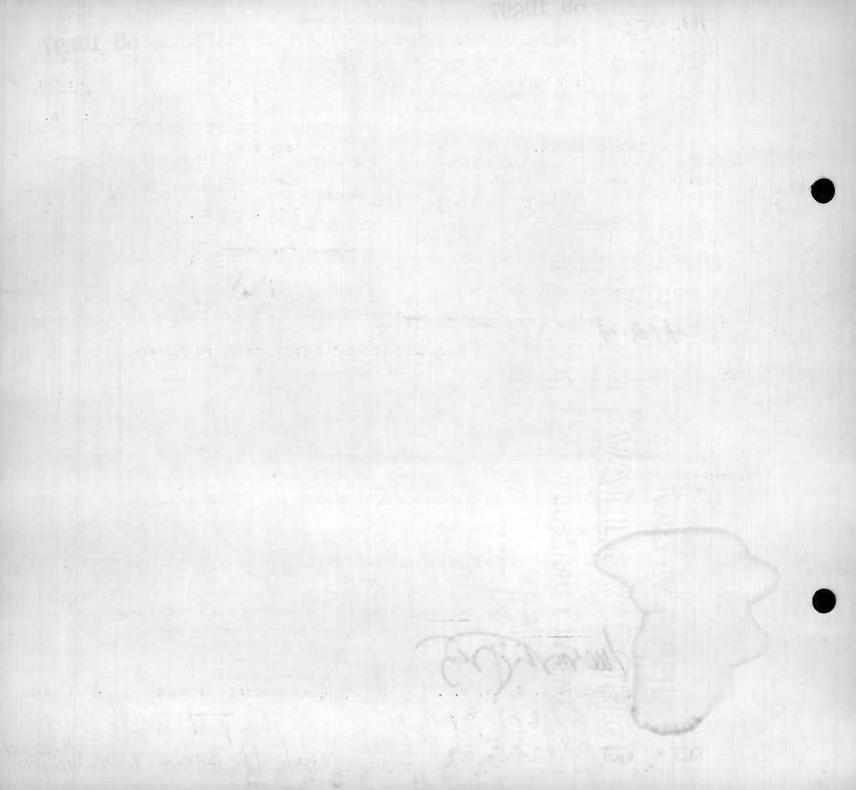
25C. FUNERAL DIRECTOR

ADDRESS

258. NAME OF REGISTRAR

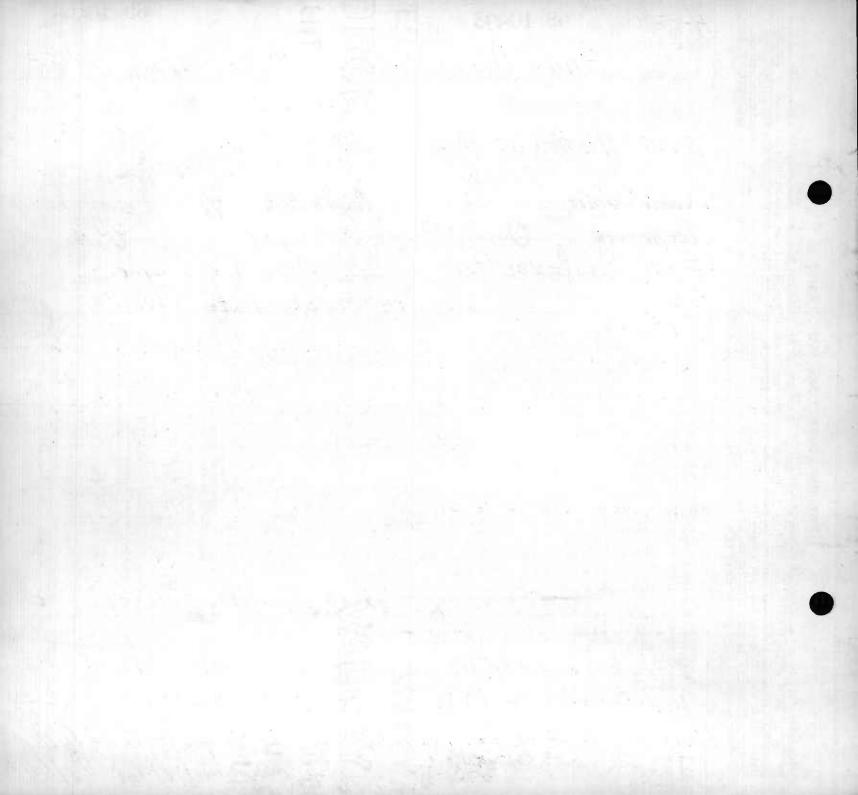
25A. DATE REC'D'BY HEALTH DEPT.

VS 151-REV, 1/1/68



VS 150-REV. 1/1/6B

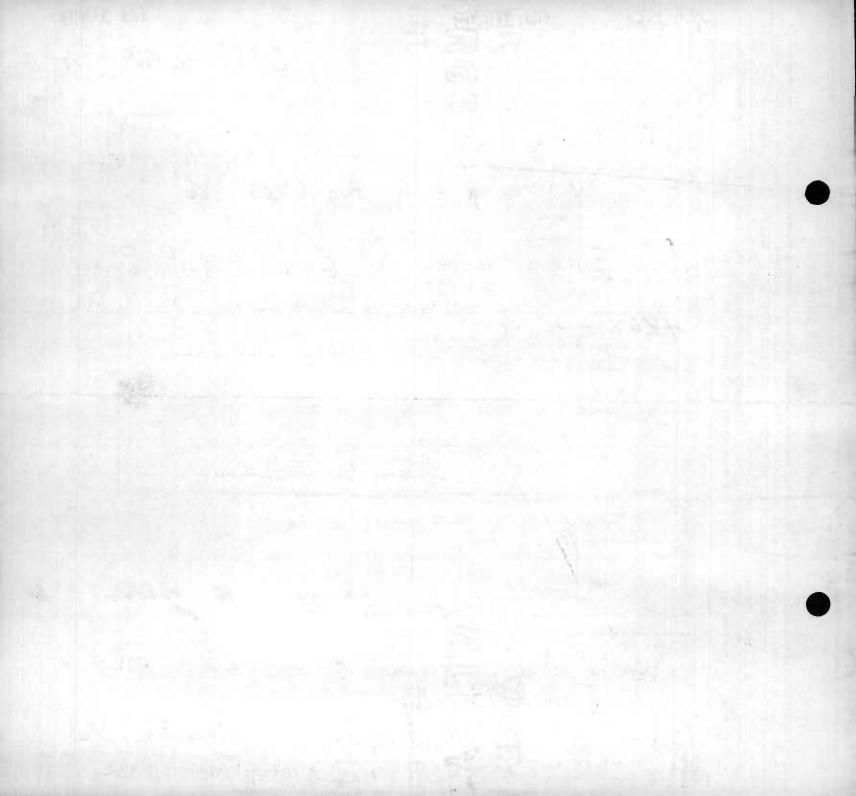
BALTIMORE CITY HEALTH DEPARTMENT



DATE AND HOUR OF DEATH 6 4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission D. INSIDE CITY LIMITS? YES 🔀 NO 9. AGE (In years, If Under If Under 24 Hrs. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (out) opinion death accurred an the date 238, DATE SIGNED (City, town, or county) (Stote) the body deceased SD M ADDRES: VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL



: 55 A. M.

II Under 24 Hrs.

NO

ADDRESS

BETWEEN ONSET AND DEATH

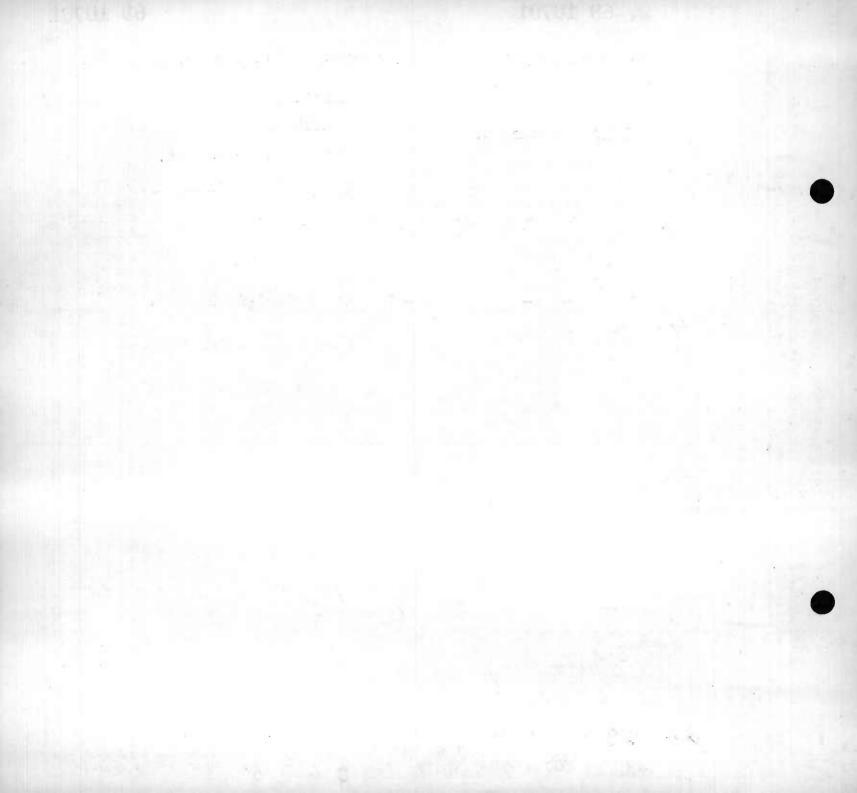
(Stote)

ANNA MICH -

BUCING MERSHER MET CHOST CHARLES CONTROL MAKE NO TO

THE DAYSE BUILDING THE DAYSE SHOW THOSE SECTIONS

VS 150-REV. 1/1/68



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

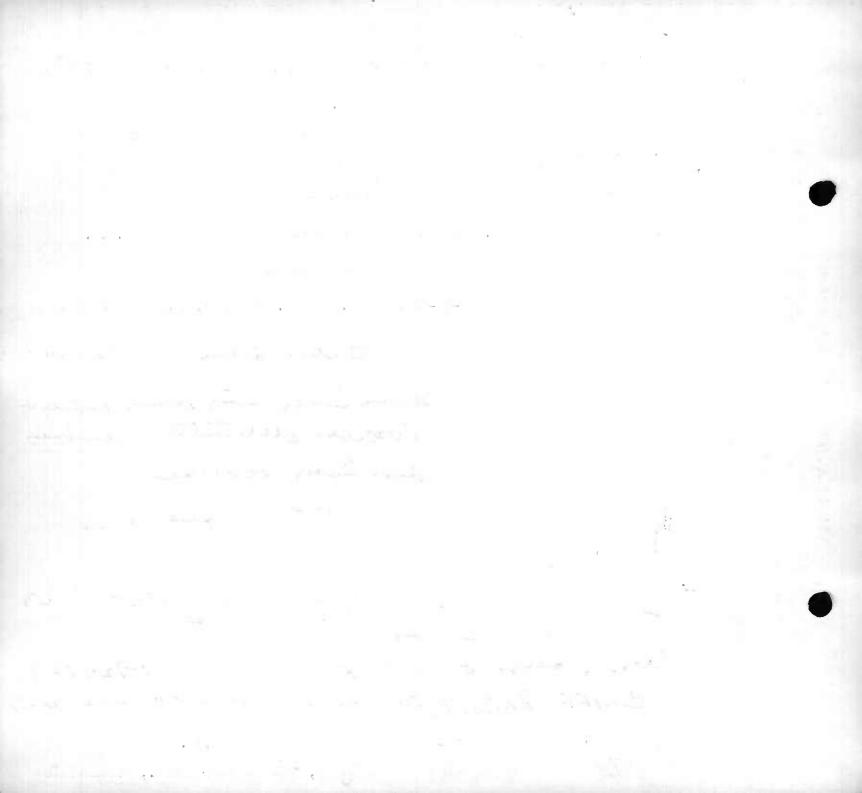
NO

ADDRESS

APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH

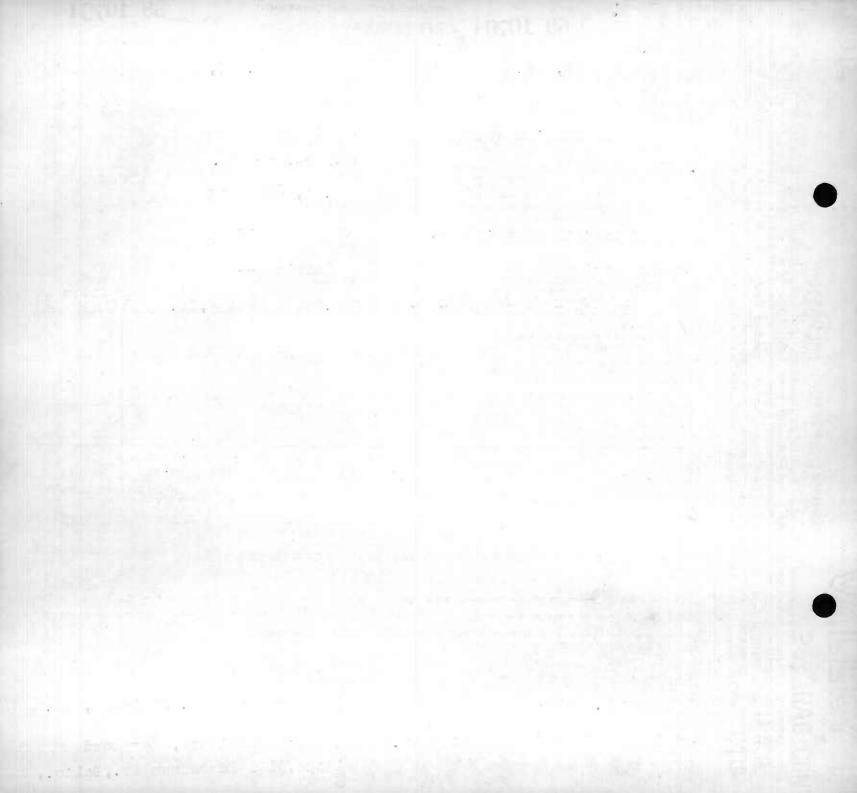
(Stote)

Hours : Min.

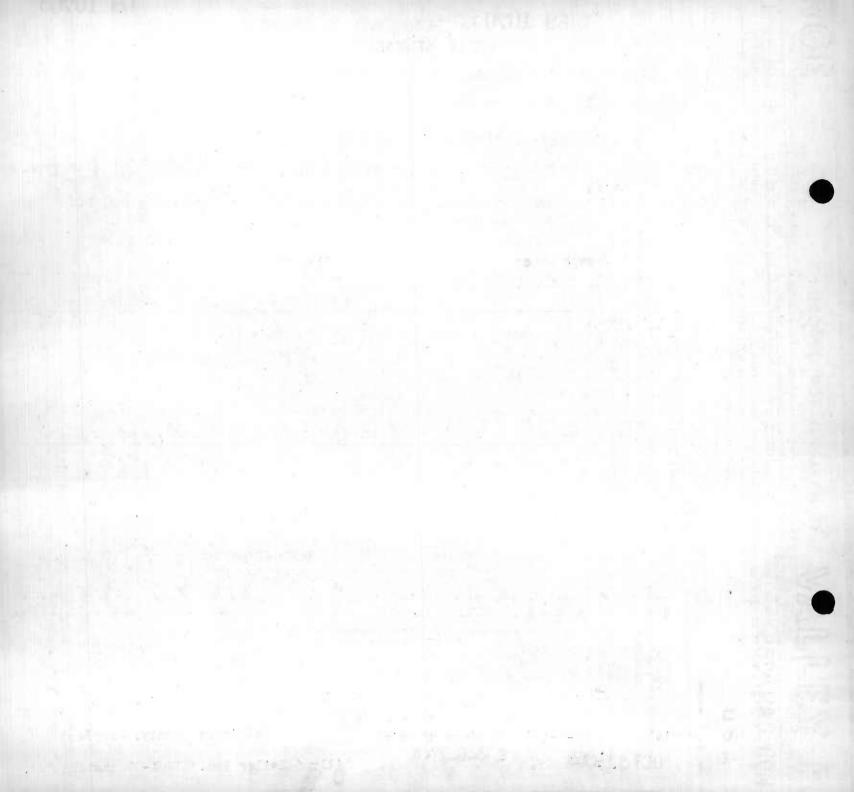


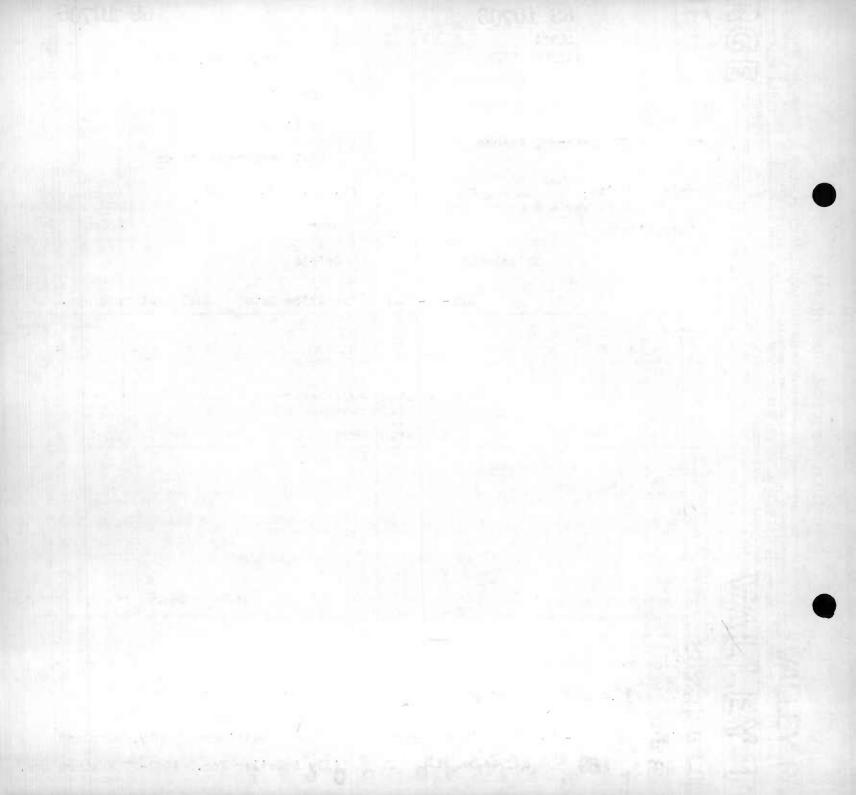
FUNERAL DIRECTOR:

VS 150-REV. 1/1/68



FUNERAL DIRECTOR:





VS 150-REV. 1/1/6B

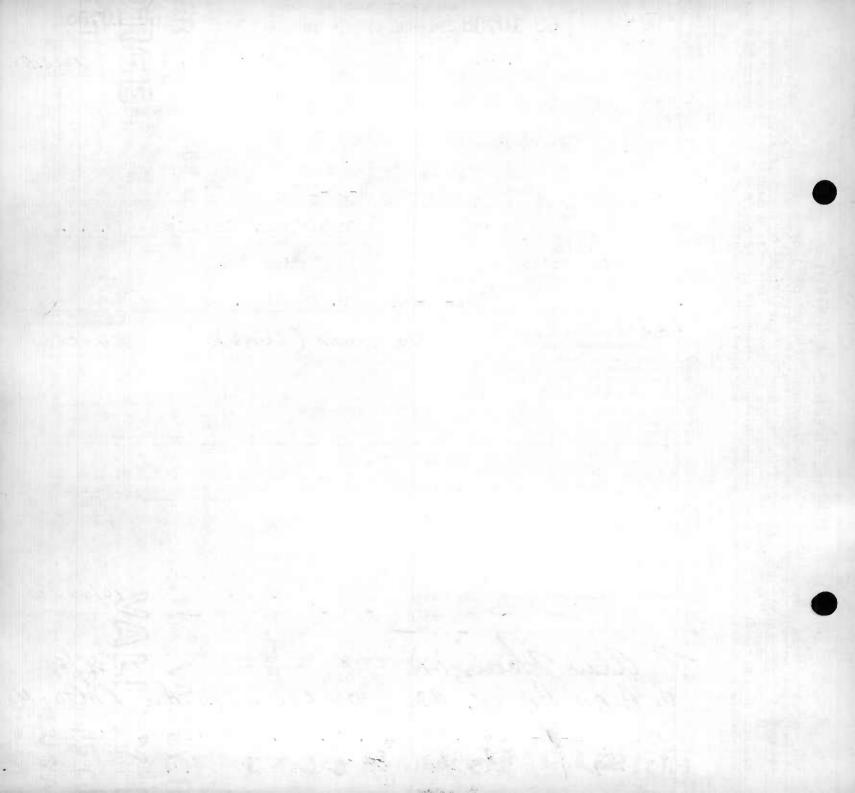
2, DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? NO If Under 24 Hrs. If Under 1 Yr. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sudden Approx. 10 yrs. Approx. 6 months 20A. AUTOPSY? (Yes o No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) Jan. 21, 19 63 to Oct. 25, 19 69 23 B. DATE SIGNED 10/30/69 Md. Sons C. Balto., Co.4905 York Md.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

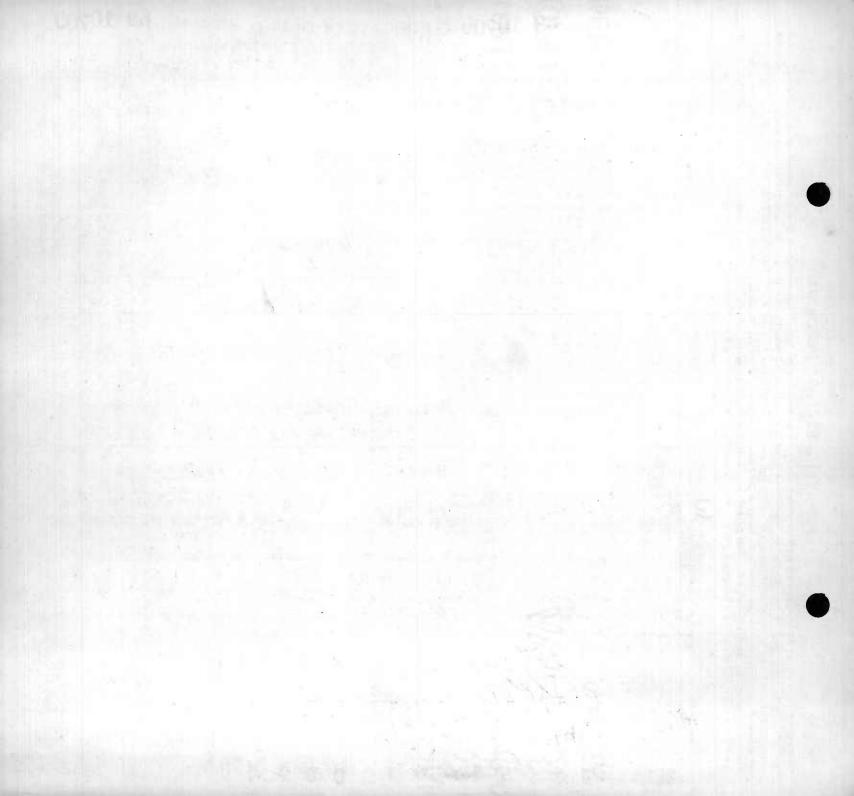
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

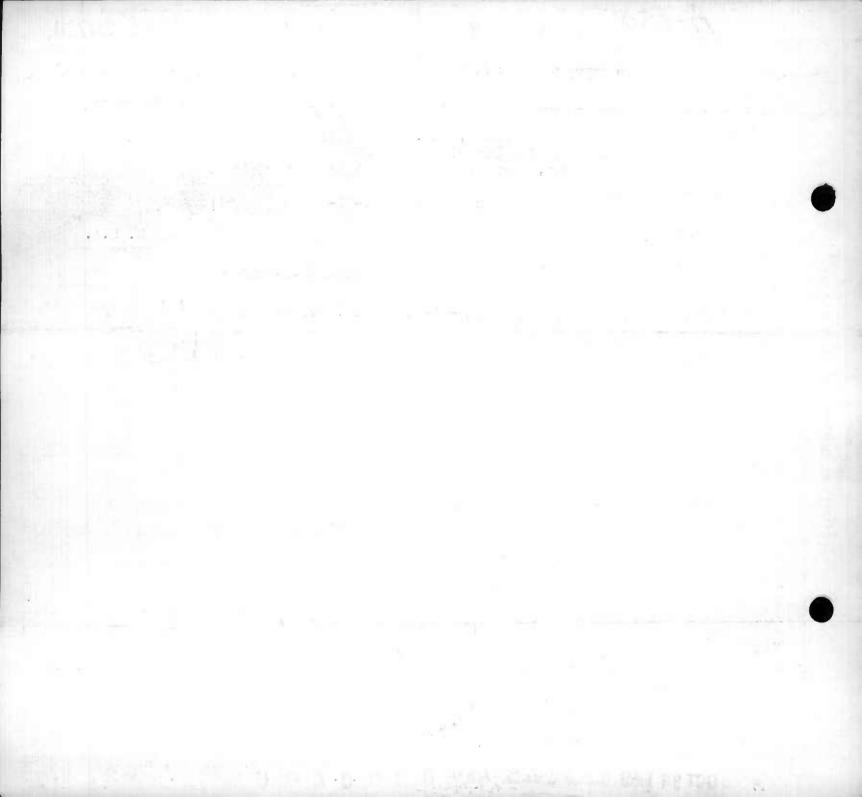
IRTH NO.			708 CERTIFICA		AND HOUR OF DEATH	
NAME OF DE	MARIA	AN I. V	WOMBLE		tober 27, 1	1969 12:50K
PLACE IN BA	LTIMORE, MARYLAND,			4. USUAL RESIDENCE (W)	nere deceased lived. If in	
FULL NAME OF HOSPITAL OR NSTITUTION	F (IF NOT IN HOSE ADDRESS OR LO	PITAL OR INST	ITUTION, GIVE STREET	MARYLAND c. city or town BALT IMORE		IDE CITY LIMITS? YES NO
00	3404 Wab	ash Av	enue	E. STREET AND NUMBER 3404 Waba	sh Avenue	
remale	6. RACE Negro	7- MARRIE	D NEVER MARRIED DIVORCED	4-30-1911	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	f working life, even if retired	4)	of Business or Industry	11. BIRTHPLACE (State or fo		U.S.A.
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	AME	
	Carey De	ane		Louise	Deane	
. Was Decease	ed Ever in U. S. Armed I	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Mr. Joseph	B. Womble	Same
heart failure	nal mean the made e, asthenia, etc. It mea implication which caus	ns the diseas	DUE TO: OK AS	ANOMA (LU USE A CONSEQUENCE OF:		
DISEASES rise to II UN DERLYIN OTHER SIGN TO THE DEA	e, aslhenia, etc. II mean implication which cause ANTECEDENT CAUSE OR CONDITIONS, it he above cause (ANG CONDITION last.	af dying, e.g. ns the diseas ed death.) ES f any, givin A) stating th	(B)	A CONSEQUENCE OF:		
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DISEASES rise to II UN DERLYIN OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE OF TO THE DEA TO THE DEA DISEASE OR 19 A. DATE OF TO THE DEA TO THE	e, ashenia, etc. II mean implication which cause ANTECEDENT CAUS OR CONDITIONS, it he above cause (ANTECEDENT CAUSE OF CONDITION IDEA IN PROPERTY OF OPERATION 198. CONDITION GIVEN IN PROPERTY OF OPERATION 198. CONDITION OF OPERATION 198. CONDITION OF OPERATION 198. CONDITION OF OPERATION 198. CONDITION OF OPERATION 199. CONDITION OF OPERATION 199. CONDITION OF OPERATION 199. (Month) (Doy) (Year 19) last saw the deceaned from the causes s	af dying, e.g. ns the diseased death.) ES f any, givin A) stating th CONTRIBUTING D THE TERMINA ART 1 (A). ONDITION FOI ERFORMED 2 h c v v tal) attended used olive an	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) OR AS (E) OR AS (I) OR AS (B) OR AS (B) OR AS (C) OR AS (C) OR AS (C) OR AS (C) OR AS (E) OR AS (D) OR AS (E) OR AS (I) OR	a CONSEQUENCE OF: 20 A. AUTOPSY? (Yes or In or obout 21 C. WHERE DID Infice bidg., INJURY OCCUR? 21 F. HOW DID IN ond when the bady after death and ing Med.	No) 208. IF YES, WERE IN CERTIFYING CA (If in Boltimor NJURY OCCUR? 19 - ta that in (my) (our) opi	re City, give exact location)
DISEASES rise to II UN DERLYIN TO THE DEA DISEASE OR 19 A. ACCID OR CONTRIE DEATH (not) 21 D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and haur al	e, ashenia, etc. II mean implication which cause ANTECEDENT CAUS OR CONDITIONS, it he above cause (ANTECEDENT CAUSE (ANTECEDENT CAUSE OF OPERATION PROPERTY (ANTECEDENT CAUSE OF MACE) ENT WAS UNDERLYING CAUSE OF MACE (Month) (Doy) (Year Month) (Doy) (Year Month) (Doy) (Year Mace) Ty that (1) (this hospital or the causes of URE)	af dying, e.g. ns the diseased death.) ES f any, givin A) stating th CONTRIBUTING D THE TERMINA ART 1 (A). ONDITION FOI ERFORMED 2 h c v v tal) attended used olive an	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) OR AS (C) OR AS (C) OR AS (E) OR WHICH OPERATION (B) PLACE OF INJURY (e.g., ome, farm, foctory, street, otc.) (E) INJURY OCCURRED (Not White At Not White At Work (I) (We) (did) (did not)	a CONSEQUENCE OF: 20 A. AUTOPSY? (Yes or In or obout 21 C. WHERE DID Infice bidg., INJURY OCCUR? 21 F. HOW DID IN ond when the bady after death and ing Med.	No) 208. IF YES, WERE IN CERTIFYING CA (If in Boltimor NJURY OCCUR? 19 — ta	re City, give exact location) 10/27 19 69 Inlan death occurred on the d
DISEASES rise to II UN DERLYIN TO THE DEA DISEASE OR TO THE DEA TO	ANTECEDENT CAUS OR CONDITIONS, is the above cause (ANTECEDENT CAUS) OR CONDITIONS, is the above cause (ANTECEDENT CAUS) OR CONDITIONS (ANTECEDENT CAUSE) IFICANT CONDITIONS CAUSE (ANTECEDENT CONDITION GIVEN IN PROPERTION (ANTECEDENT CAUSE OF FORM (ANTECEDENT CAUSE OF CAUSE	af dying, e.g. ns the diseased death.) ES f any, givin A) stating the CONTRIBUTING D THE TERMINA PART I (A). ONDITION FOI ERFORMED Tal) attended esed olive and tated abave.	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) OR AS (E) OR AS (I) OR AS (B) OR AS (B) OR AS (C) OR AS (C) OR AS (C) OR AS (C) OR AS (E) OR AS (D) OR AS (E) OR AS (I) OR	20 A. AUTOPSY? (Yes or In or about 21 C. WHERE DID In	No) 208. IF YES, WERE IN CERTIFYING CA (If in Boltimor NJURY OCCUR? 19 - ta that in (my) (our) opi	nlon death occurred on the death occurred occurred on the death occurred on the death occurred occurred on the death occurred occurred on the death occurred occurred occurred on the death occurred occurred on the death occurred



	N-200 co			HEALTH DEPARTMENT	,	00 40 00
/	7-200 69	1070	9 CERTIFICA	TE OF DEATH	REG. NO.	59 10709
		• 50				
	AME OF DECEASED	500	2		D HOUR OF DEATH	0. 24.68
	e or Print) MAYES	, FKE	لا.		+10.29-6	
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe A. STATE B. COUN	re deceased lived. If insti ITY	tution: residence before odmission)
FU	LL NAME OF (IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	MARYLAN	D.	1604
HC	SPITAL OR ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
	- UTHERAN HOSPIT	107		BALTIMO	RE.	res No
-	30 ASHBURTON S	THEFT		E. STREET AND NUMBER		
00	BALTIMORE, MAI	RYLAN	D. 21216.	1128 MCKE	AN AVE	
5. 5		7. MARRIED		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	M NEGRO	WIDOWED		2-2-03	lost birthdoy) 66	Months Doys Hours Min.
IOA	USUAL OCCUPATION (Give kind of work			11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTRY?
not	during most of working life, even if retired)			0.0111	u A I'	11.6
	Ketired			Oxtord Nor	Th Garolina	U.S.A.
3.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	M E	
	Henry Mac	105		Nannia	Mayes	
5.	Was Deceased Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	- 1	ADDRESS
Ye	,no or unknown) (If yes, give wor or dole	s of service)	SECURITY NO.	10 []	21	
			217-14-3195	Mrs. Estell K	Obinson	SAMC
_	1B. ()		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIE	RECTLY				SETTING TO STORY AND SEATT
	LEADING TO DEATH		AND THE CALL	SE CARDIAC A CONSEQUENCE OF:	APPEST.	
	(This daes not mean the made at		DUE TO, OR AS	A CONSEQUENCE OF:	111242	
	heart failure, asthenia, etc. It means injury ar camplication which caused					
		dealiti		i	and and	
	ANTECEDENT CAUSES		(B) VENT	RICULAR FIR	3 RILLATION	
	DISEASES OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) UNDERLYING CONDITION last.	slating the	6 MYOC	ARDIAL INFI	ARCTION .	
	ONDERENING CONDITION (asi.		(C)	ye in b	1/Aw	
-	- III					
TION	OTHER SIGNIFICANT CONDITIONS COIL TO THE DEATH BUT NOT RELATED TO THE		BLEEDIN	VG DUODENAL	LILCER	
⋖	DISEASE OR CONDITION GIVEN IN PAR	T † (A).				
FIC	194. DATE OF OPERATION 198. CON	FORMED	_ '	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	IDINGS CONSIDERED
ERT	10-28-69 GI	. Bree		yes		
Ū	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B	PLACE OF INJURY (e.g., i	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
AL	DEATH (notify medical examiner)	etc.				
20	21D.TIME (Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
MEDI	OF INJURY		ile At Not Whil			
-	(APPROX.)	Wo				
	22. I certify that (I) (this haspital) attended t	he deceased from	0 - 27-	1969 to 10.	- 29 1969
			10 20			an death accurred an the date
	that (I) (we) last saw the decease			The state of the s	or in(my) (our) apinio	on death accorred an the date
	and haur and fram the causes stat	ted abave. (l) (We) (did) (did nat) v	iew the bady after death.		
	23A. SIGNATURE	0			2	3B, DATE SIGNED
	P. La	1-	M. B B. Spegree Phys	nding Med.	Staff Phys	
	23C. PHYSICIAN'S		D. DEGREE	Med. Director Director Director D	CP DAL LING	PITAL
	NAME (Type)	1 / 01	MDDC			
	FAEM	LAL	DE GREE	730 ASH BUR TO	NJT. BA	LTO: MARYLAND
24/	REMOVAL (Specify) 248. DATE	24C, N.	AME of CEMETERY OF CRE		OCATION (City,	town, or county) (Stote)
	Blue col		rbutus Mer	a tork	Saltimore,	N sila d
25	DUY THE MEALTH DEPT.	DER NAME	rbutus ur	25C. FUNERAL DIRECTOR	-	ADDRESS
231	. DATE REC'D BY HEALTH DEPT.	a C	2. 2. 3.	TO TERAL DIRECTO		
	OFT 9 1 1964 OGBON	- Charle	C. C. C.	Jugaran S	Jelt +, TI	70 LAUKENS ST.
1/5	150-PFV 17178R				9	



B-65	05	400	BALTIMORE CITY	HEALTH DEPARTMENT	1	00 40=40	
BIRTH NO.	05	3 107	10 CERTIFICA	TE OF DEATH	REG. NO	69 10710	
1. NAME OF DECE.	ASEP	1	1		AND HOUR OF DEATH		
2 21 4 22 11 2 4 2	MAGGIE, BE	RYAN	1 5		et 27.69	11,25 a	
S. PLACE IN BALTI	MORE, MARYLAND, V	VHERE PRONO	DUNCED HEAD	4. USUAL RESIDENCE IN	Where deceased lived. II i	nstitution: residence beloro odmissio	
FULL NAME OF	HE NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	MARYLAND		to repland 12	
HOSPITAL OR	ADDRESS OR LOC	ATION		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
20	Provident	Hospi	tal, Inc.	Baltimore		YES X NO T	
07	1514 Divi	sion S	treet	E. STREET AND NUMBE	R		
	Baltimore	Mary	land 21217	1215 Clove	rdale Road		
SEX 6	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. Il Under 24 Hi Months; Doys Hours Min.	
	N.	WIDOWED		1-10-78	lost birthdoyl	Months Doys Hours Min.	
A. USUAL OCCUP	ATION (Give kind of worl orking life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNT	
				Virginia		U. S.A.	
Unemplo	, o u			14. MOTHER'S MAIDEN	MAAAE	0. 5.4.	
Plumber	Alexander	•		The second secon		heth Tre	
Was Deceased F	van la II S Aal Eas		13 / 2001	Walter Cartes	HENGEL PITZE	beth Hayes	
es, no or unknown) (I yes, give wer or dete	s of service)	SECURITY NO.	17. INFORMANT	4	ADDRESS	
No	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	र प्रशेष विक्रिक	214-14-2459	Mrs. Evelyn	Butler 12	15 Cloverdale	
18. ///	,91		CAUSE OF DEATI	1		APPROXIMATE INTERVAL	
DISEASE	OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEA	
	EADING TO DEATH		(A)IMMEDIATE CAU	SE Myoca	ridiel In	while Z day o	
heori lailure, as	mean the mode of thenia, etc. It means	the disease	/	CONSEQUENCE OF:		V G G G G G G G G G G G G G G G G G G G	
injury or compli	icalion which caused	death.)		O	1	V	
AN	ANTECEDENT CAUSES						
DISEASES OR	CONDITIONS, II	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
UNDERLYING	above couse (A)	stating the				l	
	44		(C)				
OTHER SIGNIFIC	II ANT CONDITIONS COL	MIDIBILITING					
TIO THE DEATH	BUT NOT RELATED TO THE	4F TERMINAL	***************************************				
	PERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	Noll 20B. IP YES WESE	FINDINGS CONSIDERED	
0	WAS PERF	ORMED			IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
21A. ACCIDENT	WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., in e., form, foctory, street, off	or obout 21 C. WHERE DID	(If to Baltimer	e City, give exect location	
DEATH (notify m	edical examined	hom etc.	e, form, foctory, street, off	co bldg., INJURY OCCUR?	h in rounion	a anti Aria avaci lacaliati	
21 D. TIME (A	Aonth) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	215 112	*****		
OF INJURY	oji tredii		ilo At Not White	21F. HOW DID I	MINKA OCCAS.		
(APPROX)		Wo	rk LJ At Work				
	at (1) (this hospital)		he deceosed from	0.25	19 64 10 14	-2) 196-8	
	st saw the decease		100	19and		nian death occurred on the dot	
and haur and fr	ram the causes state	ed obave. (I) (We) (dld) (did not) vi	nw the hady after dead	intmit tant abit	acein occurred on the dol	
23A. SIGNATURE				The body utter death	10	23B, DATE SIGNED	
	M.	1.5	hal Atten		Shoff 1	17# Ort LO	
23C. PHYSICIAN'S	/ '		DEGREE Phys.	Director L	Phys.	7/15/04/0)	
NAME (Type	1	01116	21	ADDRESS A	1. +	Honutel.	
A. RIIPIAI C PELLA	M - J -	SHALL	DEGREE	10	many	(1)	
A. BURIAL CREMA REMOVAL (Spec		24C.NA	ME of CEMETERY OF CREA			y, town, or county) (Stote)	
Burial	10-30-	69 31	. Lukes Chu	rch R	eisterstown	Balto Md	
A. DATE REC'D BY	HEALTH DEPT.	25B NAME C	F REGISTRAR	25C. FUNERAL DIRECTO	RFrederick	Md ADDRESS	
NOT 9 1 100	3 Balle DE	Ja Ri	609 B D	C.S. Hidrs	1111 263 W.	Patrick St, Fre	
150-RE 771/68	Trough to	- Tr		11 11 11 11	27-2 200 11.	-aurion bujii	



	B-650 CO 1000		Y HEALTH DEPARTMENT	9 10711				
	RTH NO. 69 1071	1 CERTIFICA	AL OF DEATH	7 10/11				
	NAME OF DECEASED (PB OF Print) BROWN M	ARION	October 27, 1969 1 7-30 P.					
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If instit					
FI	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND	1204				
IN	OSPITAL OR ADDRESS OF LOCATION "		Da. m. MARE	CITY LIMITS?				
	UNION MEMORIAL	1102/211111	E. STREET AND NUMBER	ES NO .				
-	SEX 6. RACE 7. saans		2317 HUNTER STREE	eT.				
٥.	Francis NEGRO MARI	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours lost birthday) 52	If Under 1 Yr. If Under 24 Hrs. Min.				
	A. USUAL OCCUPATION [Give kind of work 108, KIN			12. CITIZEN OF WHAT COUNTRY?				
do	ne during most of working life, even if retired) HOUSEWIFE		NOT KNOWN	U.S.A.				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	NOT KNOWN		NOT KNOWN					
15. (Ye	Was Deceased Ever in U.S. Anned Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
L		14	CARLTON BROWN (husband)	SAME				
	18.412.41	CAUSE OF DEAT	н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ŀ	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A A MALE DANCE OF A	Bronelozzemnia					
	(This does not mean the mode of dying, heart toilure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:					
	injury or complication which caused death.)	1-		`				
	ANTECEDENT CAUSES	(B) Aller	celestic Ca divascular for	lane				
	rise to the above couse (A) sloting	ving PUE 10, OR AS The	A CONSEQUENCE OF:					
	UNDERLYING CONDITION lost	(c))V				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG						
ATI		ial	***************************************					
CERTIFICATI	19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yos of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
S	21A ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (o.g., i	n or obout 21 C. WHERE DID (II In Boltimore C	Ity, give exoct location)				
CAL	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg. INJURY OCCUR?					
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
>	(APPROX.)	While At Not While Not Work At Work						
	22. I certify that (i) (this hospital) attended		the advance of the desire of the second seco	ber 27 19 69				
	that (1) (we) lost sow the deceased alive		7 19 6 9 ond that In(my) (our) apinia	n death accurred on the date				
	and hour and from the causes stated above	(I) (We) (dld) (dld nat) v	lew the bady after death.					
	23A. SIGNATURE	M. D. Atte		B. DATE SIGNED				
	23C. PHYSICIAN'S	DEGREE PRIVE	nding Med. Shaff Director Phys. 23 D. ADDRESS	October 27, 1969				
	NA AAE (Tuna)	Chansky M.D.		spital				
24/	BURIAL CREMATION, 248, DATE 244	DEGREE C. NAME of CEMETERY OF CRE		own, or countyl (Stole)				
	REMOVAL (Specify) Burel 10/II/C9 1	4. Achorn C	em. Batto. Md.					
25/	A. DATE REC'D BY HEALTH DEPT 258 HAN	E SEEDERA,	25C. FUNERAL DIRECTOR	ADDRESS				
	12 31 BB (1990 B 5	6900	O WMMARKH 928E	. North Are				
A2	150-REV. 1/1/68							

37 41 14 - 27 N. W. D. M. W. W. www.wax Tityl THREE DIRECTOR NAMED INSTRUCTIONS

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69 10713 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 10713 BIRTH NO. 1. NAME OF DECEASED 2. DATE OF Known Month Hour CYNTHIA M. YOUNG (MURRAY) Estimoted

_			200210	(TIOTOTAL)	DEATH	M.
- 1	PLACE IN BALT	IMORE, MARYLAND, V	WHERE PRONO	DUNCED DEAD	3. DATE Month	Doy Year Hour
0	L NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITUTION)	ON, GIVE STREET	PRONOUNCED DEAD Octob 5. USUAL RESIDENCE (Where deceased live)	er 29,1969 5:55 A. M.
		ON MEMORIAL	HOSPITAI	L (DOA)		COUNTY 1204
	SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
]	Female	Negro	WIDOWED [DIVORCED	Baltimore	YES NO
[DATE OF BIRTH	10. AGE (I		nder 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	130 1100
	6-8-			hs Doys Hours Min.	2113 Barclay Street	
١.	MARYL	AND		CITIZEN OF VHAT COUNTRY?	JOHN B, YOUNG	
A	USUAL OCCUP during most of w	PATION (Give kind of work orking life, even if retired)	14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME HESTER HOLLOM	AM
	WAS DECEASE	D EVER IN U.S. ARMEI	D FORCES?	17. SOCIAL	IB. INFORMANT	ADDRESS
63	s, no or unknown)	(ii yes, give wor or dotes	or service)	SECURITY NO.	JOHN YOUNG 2113	Berclay St.
	30	4 71		CAUSE OF DEAT	IH .	BETWEEN ONSET AND DEATH
		OR CONDITION DIRE	CTLY	, IMMEDIATE C	Narcotics Addiction	
	heort foilure.	of meon the mode of dy osthenio, etc. It meons the plication which coused de	e diseose.	(A)IMMEDIATE C DUE TO, OR A	S A CONSEQUENCE OF:	
	,,		/		44	
		TECEDENT CAUSES		(B)		
	DISEASES C	R CONDITIONS, IF AN' ABOVE CAUSE (A) STA	Y, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:	
,	UNDERLYIN	G CONDITION LAST.		(C)		
5		- 11		(0)		
	TO THE DEA	FICANT CONDITIONS C TH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERMINAL			
				WHICH OPERATION WA	S DEDECTRAFT	21. AUTOPSY? (Yes or No)
2	2	OF EXAMON 200. CO	NOMO TO K	Willest OF ERATION WA	I PERFORMED	Yes
3		IAL CAUSE WAS	22B.	PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Baltimore bldg., etc.) INJURY OCCUR?	City, give exact location)
200	UTING CAL	OR CONTRIB-				
	OF INJURY (APPROX.)	Month) (Doy) (Yeo	V	ZE. INJURY OCCURRED	WHILE 22F. HOW DID INJURY OCCUR	?
	23.		m. V	ORK AT W	ORK 🔲	
		fy that I held an I	nquiry 🗌	Inspection Au	and that on this basis, d	eoth in my opinion
1	result	ed fram: Natural cau	ses 🔣 A	ccident 🗌 🛮 Şuicid	e Hamicide Undetermine	ed manner .
ı		X) /	10/1	111	CHIEF MEDICAL EXAMINER	2475 (101152
	ACTUAL	or / half	11/3	110	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATU	DIC	7/	M.D	ASSOCIATE MEDICAL EXAMINER	
	NAME (T	KOHATO W.	Kornbl	um,M.D.	ASSOCIATE MEDICAL EXAMINER E	10/29/69
E	A BURIAL CREM			BALTO, NAT		(City, town, or county) (Stote)
1.	SURIAL					
54	OCT 3	1 WE RE	A C. VAN	OF RECOUNTRAIN	25C. FUNERAL DIRECTOR W/M MARCH	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
3	151-REV. 1/1/6B		9 (900	08698	

wS 177 from Dr/Kornblum

		C - 500 BALTIMORE CITY HEALTH DEPARTMENT 69 10711
	2002	BIRTH NO. 69 10714 CERTIFICATE OF DEATH REG. NO. 69 10714
	death death eased n the Such	1. NAME OF DECEASED
	0 0 -	RATHERINE A. CONWAAY 10-30-691 3:35AM
	of of ODe of th	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
	hosp use (5) lanc dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)
	cau se; ende	INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS?
	ミニニニト	South Balling No Dalhane. YES B NO]
	0 - D - C 0	3300 1 Balline ment 1722 Bynd street
-	tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years 1 Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.
	occurricular	WIDOWED DIVORCED 1
	上った「っ日	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	s i de	Housewife to Ballymore Ifd. USA
	rect (4) U (4) U the spos	13. FATHER'S NAME Tolon Files 14. MOTHER'S MAIDEN NAME 12.
Z		15 Was December 11 5 April 5 12 2
PORTAN	T 0 0 0 0	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
2	fin d A print	No Mrs. Joanna Bohle 1722 Byrd St.
0	his as so, if any need enda	CAUSE OF DEATH
X	~ 0 > + 6	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Severe Congerline Start BETWEEN ONSET AND DEATH
	PA O C DE	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE
ä	pror	heart loilure, osthenio, etc. It means the disease, injury or complication which caused death.)
0		ANTECEDENT CAUSES Sciender to Rhenale 186
5	xam kami A fr who reg	DISEASES OR CONDITIONS, II ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
RE	_ 9 @ = i= %	rise to the above cause (A) stating the UNDERLYING CONDITION lost.
	adical dical rrns; rsicia was main	
AL		O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL
ER	FYGE	DISEASE OR CONDITION GIVEN PART 1 (A).
Z	by a me by a me 2) Body bu e the ph physician ore the re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F		U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If In Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, farm, foctory, street, office bidg., INJURY OCCUR?
	75 9 4 5 4 A	S DEATH (nobby medical examiner)
,	roved b he hosp y natur xcept w and (6) btained	21D-TIME (Month) (Doyl (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	0 0 0 0	(APPROX.) White At Not White At Work
	prov the h iny n exce and obtai	22. I certify that (1) (this hospital) attended the deceased from 12:30 a. 10 - 21-19 (25 to 3:35 0 = 10-30-1969
	of o	that (i) (we) lost saw the deceased alive on 3-35 are 10-30-19 69 and that in (my) (our) opinion death accurred on the date
	Y 77	and hour and from the couses stated abave. (H) (We) (did) (did-not) view the bady ofter death.
	eased eased ident nospit deat must	23A. SIGNATURE 23B. DATE SIGNED
	must releas iccide a hos to d	Attending Med. Staff 10 - 30 - 69
	was r An a L at a prior	23C. PHYSICIAN'S NAME (Type) HENRY CHENRY CHENRY 3001 South However of Bolto
	y was rel y was rel (1) An acci).A. at a l d prior to approval	() / Assessed
	Sody v sody v sody v D.O.A ased p	REMOVAL (Specify) (Stotel
		Burial 11 1 69 Glen Haven Glen Burnie, A. A. Co. Md.
	This certif the body shows: (1) was D.O. deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Mc Cully 130E. Fort Ave
		Mc Cully 130E. Fort Ave

Frank Comment . le Arrest - UK THE STATE OF THE PARTY OF

D in		69 :	1071	5 BALTIMORE CITY HE	ALTH DEPA	RTMENT				
K-120		MED	ICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	69	10715
1. NAME OF DEC		REEVES			2. DATE OF	Known Estimated	Month	Doy	Year	Hour
4. PLACE IN BAL				DNOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					PRONOUNCED DEAD October 28, 1969 9:50 A., 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
114	NION ME	MORIAI	HOSP	ITAL	A. STATE	Maryland		B. COUNTY	G	704
6. SEX	7. RACE		8. MARRII	ED NEVER MARRIED	C. CITY O	TOWN		D. INSIDE C	ITY LIMITS?	
Male	Whi		WIDOWI			1fmore		Y	ES 🔀	№ □
9. DATE OF BIRTH		10. AGE (In lost birthdo	years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		AND NUMBER				
Dec 11,19			55			Greenmoun	t Aven	ue		
11. BIRTHPLACE (S	tote or foreign	country)	1	2. CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME				
1	Md.			OF BUSINESS OR INDUSTR		Wallace	Reeves	5.		
Idone during most of w	PATION (Give vorking life, eve	n if retired)			Y 15. MOTH	R'S MAIDEN NA	WE			
Welder				e Steel Co.	10 1115	Lillee	?			
(Yes, no or unknown)	ED EVERINU (If yes, give w	or or dotes	of service)	17. SOCIAL SECURITY NO.	18. INFOR	MANT		A	DDRESS	
19.			-	212-12-7541 CAUSE OF DEA		ne E.Reev	es. 264	17 Green	mount	AVE
(This does no	E OR CONDI LEADING TO of meon the i	DEATH node of dy	ing, e.g.,	(A)IMMEDIATE		tic Cardi	ovascu	lar Dis		/EEN ONSET AND DEATI
DISEASES O	NTECEDENT (DR CONDITIO E ABOVE CAU NG CONDITIO	CAUSES ONS, IF ANY SE (A) STAT	, GIVING	(B)	AS A CONS	QUENCE OF:		*************		
O TO THE DEA	IFICANT CON	DITIONS CO	THE TERMII							
20A. DATE OF				OR WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes or No)
12										no
OLINDEDIVING		RIB-	2	2B. PLACE OF INJURY (e.g., ome, form, foctory, street, office	In or obout te bldg., etc.)	22C. WHERE DID NJURY OCCUR?	(If in Soltimor	re City, give ex		110
UTING CA 22D. TIME OF INJURY		iH. oy) (Year	·) (Hour)		WHILE -	22F. HOW DID IN	IJURY OCCI	JR?		
(APPROX.)					VORK				•	
I cert	ify that I he	eld on I	nquiry [top sy	and that on t	his bosis,	death in my	opinion	
result	red from: No	otural cou	ses X	Accident Spici		omicIde 🔲		ned manner		
ACTUAL	III	me	M	my mi	ACC	CHIEF MEDICAL				DATE SIGNED
SIGNATU EXAMINI NAME (T	ER'S /LIOT	ner U	. Spit	z,M.D.		OCIATE MEDICAL	EXAMINER		10/28/	69
24A. BURIAL CREA REMOVAL (Specif	MATION, 24	B. DATE		24C. NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION		n, or county) (State)
Buri		ct.31		Lorraine Pa	rk		Balto			
OCT 31		Robert .	258 NA	ME OF REGISTRAR	25C.	FUNERAL DIRECT	OR		ADDRESS Chestni	at Ave.
V\$ 151-REV. 1/1/68	3		1 9	5901	O S	L.E Cheno	weth ji	<u> </u>		

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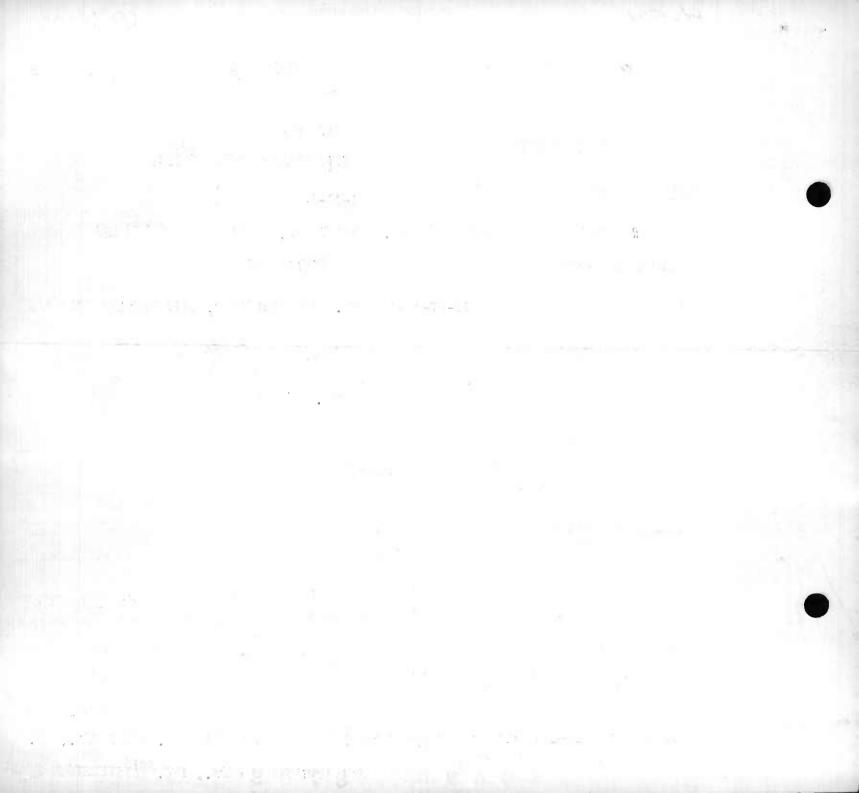
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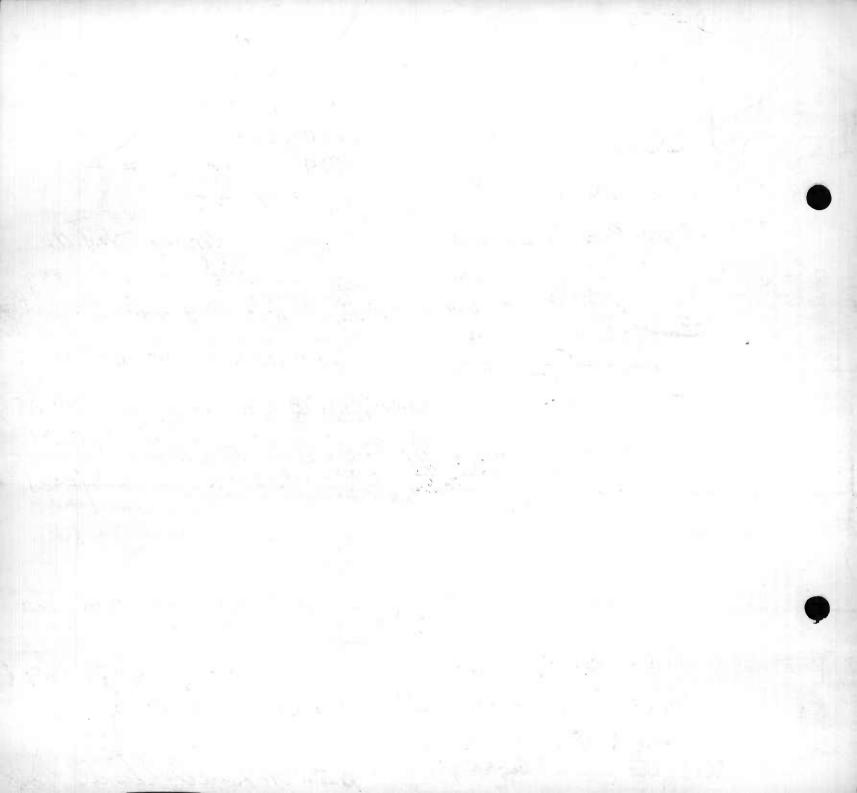
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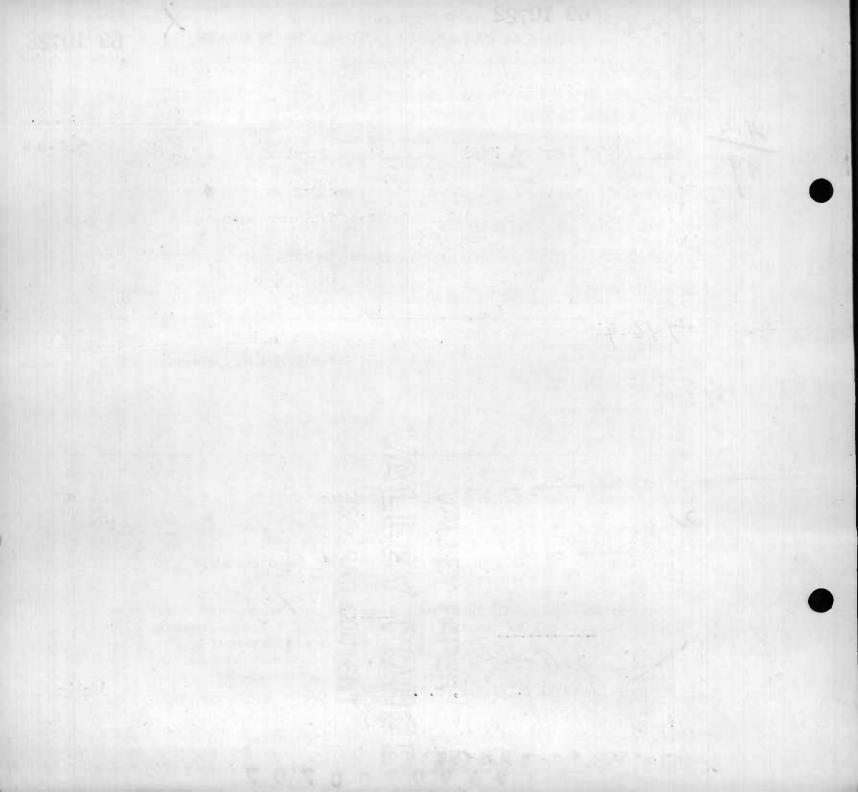
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		D - 652 CO 4 0 004 BALTIMORE CITY HEALTH DEPARTMENT
	5 6 4 d	BIRTH NO. 69 10721 CERTIFICATE OF DEATH X REG. NO. 69 10721
	deat deat ease n th Suc	I. NAME OF DECEASED (Type or Print) [2. DATE AND HOUR OF DEATH
	0 0 -	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whore doseosed lived, If institution, residence below and finish.)
		A. STATE B. COUNTY R 3/70 E STATE
	2 · · D	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) [C. CITY OR TOWN [C. CITY OR
	cau cau use; end to	D. INSIDE CITY LIMITS?
	ng ng can and and and and and and and and and a	Harman Harfillar BACITATION NO E. STREET AND NUMBER
	de de	5. SEX 6. RACE 17
	Parin Page	MARRIED NEVER MARRIED 9. AGE (In years II Under 1 Yr., 11 Under 24 Hrs.
	ont cont reg eas	10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11 RIPTHPI ACE (State of the state of the stat
	dec in dec	done during most of working life, even if refired)
	de de Un Un us	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1-	directly (4)	Weter thieres
A		15. Was Doceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. ADDRESS ADDRESS
E	the the dear	SECURITY NO. 213-01-8115 With Wing C. A. Baltinger Siles
ORT	n 4- 200 L	18. 1 2 41 CAUSE OF DEATH APPROXIMATE INTERVALS
₹ X	den fo	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
=	A O O E	(This does not mean the mode of diving a a (A)IMMEDIATE CAUSE (OLMOWEY E)EACH HOURS
OR:	er. ctur pror lar	heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)
CTO	min min fra ho egul	ANTECEDENT CAUSES ON CONDECTIVE MEADE FOUNCE
11.1	XDAY	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the
8	E S E S	UNDERLYING CONDITION last. (C) ANTEROFIC CARD TIE CARDIO YEARS.
0	edical edical burns; hysici n was	I UNGENTE DISEASE
Z	f med medic y burr physi ian w	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
LER	Prio de in	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSYT (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
5	T > # + > 0	w -
ii.	the al by: (2) sere to ph	OR CONTRIBUTINO CAUSE OF COMMENCE OF CONTRIBUTINO COMMENCE OF CONTRIBUTINO COMMENCE OF COM
	A King b	O CID TIME (AL-A) (C)
	hos naturept d (6)	OF INJURY (APPROX.) (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	y n y n y n xce	Work LJ At Work LJ
	dpp fo the fan [(e) b; d	22. I certify that (I) (this hospital) attended the deceased from 0 - 16 19 69 to 0 - 26 19 69 that (I) (we) last saw the deceased give on 0 - 26 19 69 and that in (m) (a) colored action death
-	o m o a f m	that (1) (we) last saw the deceased alive on
	ust be eased ident nospit deat must	23A. SIGNATURE 23B. DATE SIGNED
	E 3 .0 E S =	Attending Med. Stoff 10 10 - 21 - 10
	n ac at a at a ior	23C. PHYSICIAN'S
	D D A A G G	I WBEN DRIJANCKI CINA HOSPITAL
	F # 0 0 = 1	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION. (City, town, or gounty) (Stoto)
		25A. DATE REC'D BY HEARTH DEPT 95B. MAME OF REGISTRAR LAGE CIMES SUPERVISED PLANTED MICH.
	This the show was dece	25A-BATE RECTO BY HEATH DEPT. 25B, AME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
		VS 150-REV. 1/1/68



VS 151-REV, 1/1/68

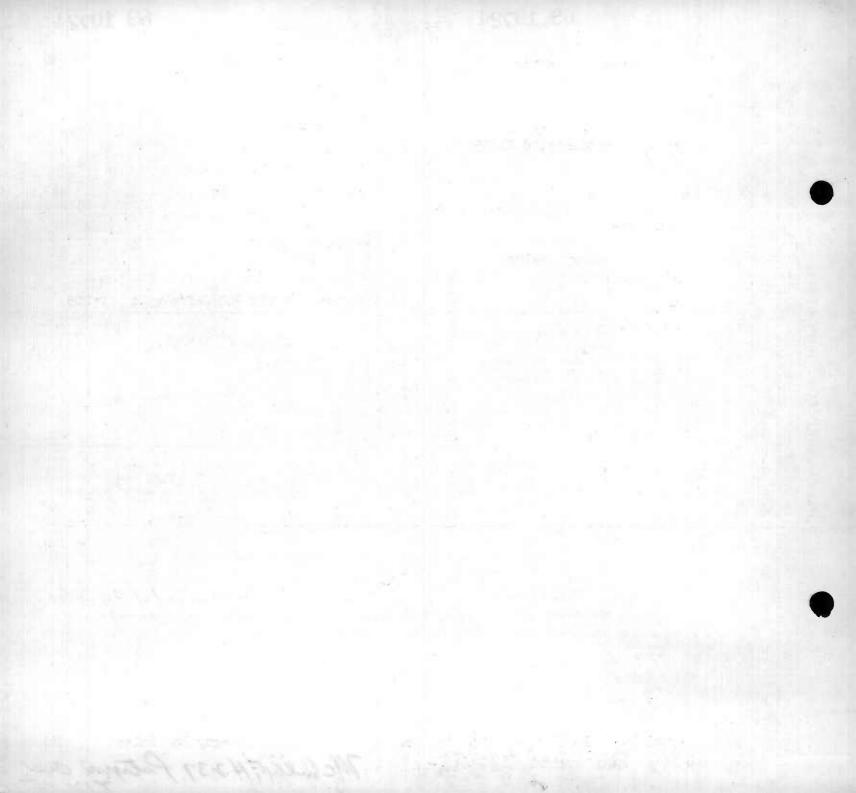


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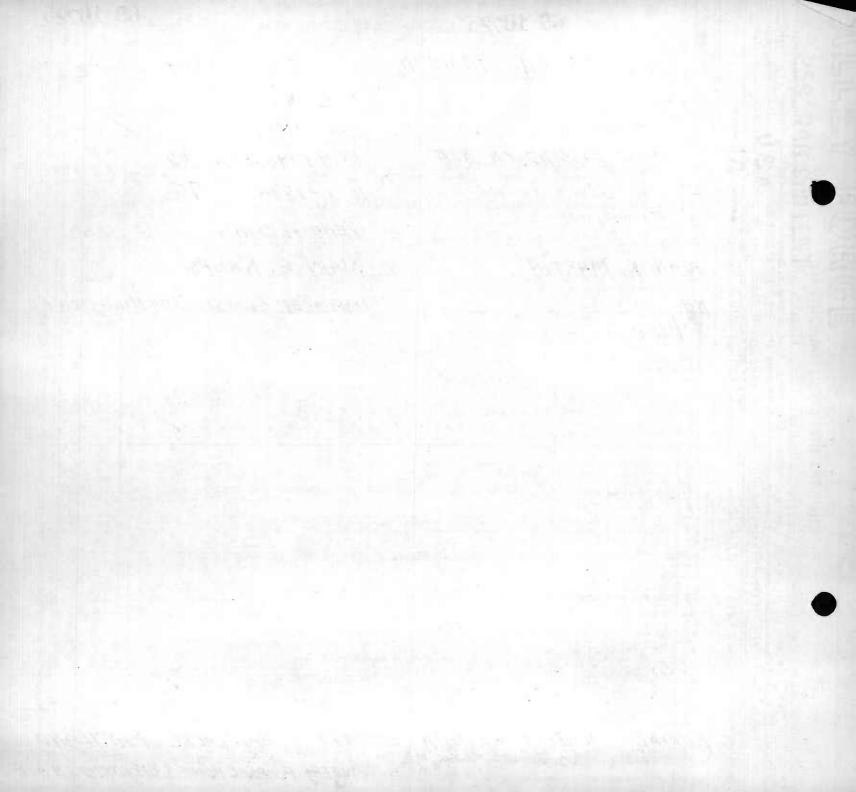
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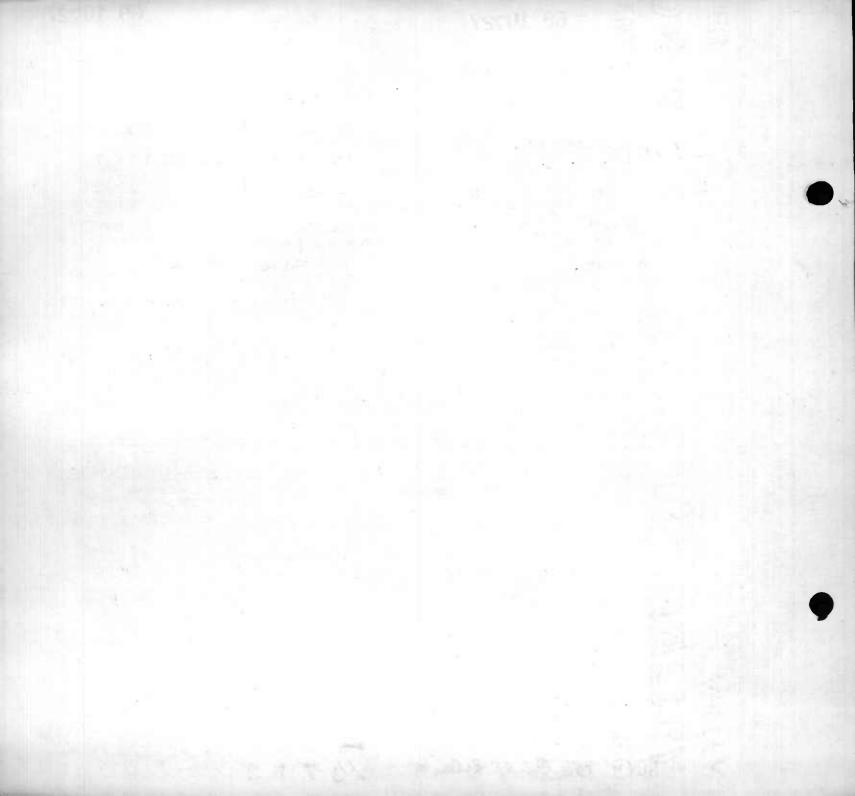
a hospital and

0.4			Y HEALTH DEPARTMENT		69 10725		
BIRTH NO.	10725	CERTIFICA	TE OF DEATH	REG. NO	03 10/50		
NAME OF DECEASED Type of Print) AND ELLE B. PLACE IN BALTIMORE, MARYLAND,	EN 1	MARTIN	2. DATE	AND HOUR OF DEATH	5,20 Q		
	TAL OR INSTITUT	TION, GIVE STREET	A. STATE B. CO	UNTY	2854		
HOOD CONV		NT HOME	BALTIMOR E. STREET AND NUMBER	E 0. 1145	YES NO NO		
905313 EDMOI	YDSON ,	AUE	504 KING.	STON RD			
S. SEX 6. RACE	7- MARRIED WIDOWED		10-1-1895	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.		
toA. USUAL OCCUPATION (Give kind of wo		BUSINESS OR INDUSTR	11. BIRTHPLA CE (Stote of	oreign country)	12. CITIZEN OF WHAT COUNT		
13. FATHER'S NAME			PENNSYL VI	ANIA	USA		
JOHN P MARTI	N		MARY E	KREPS			
5. Was Deceased Ever in U. S. Armed F Yes, no or unknown) (If yes, give wor or do	orces? tes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	111-10	ADDRESS		
NO		CAUSE OF DEAT		CHAESER 50	4 KINGSTON RD		
DISEASES OR CONDITIONS, if rise to the above cause (A UNDERLYING CONDITION tast. II OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING THE TERMINAL	(c) Hafferd	SA CONSEQUENCE OF:	Dorena	157		
DISEASE OR CONDITION GIVEN IN P. 19A. DATE OF OPERATION 19B. CO WAS PE		HICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21 C. WHERE DID	(If In Boltimo	re City, give exact location)		
21D.TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)		e At Not Whi	le 🗀	INJURY OCCUR?			
22. I certify that (I) (this hospit	at) attended the	e deceased fram	July. 18	1947 to 00	J. 31 1969		
that (1) (We) last saw the deceased alive an ST 27 and that in (My) (aur) apinlan death accurred an the do and haur and from the causes stated above. (1) (We) (atd) (did not) view the body after death.							
Helmes K. Ge	allagy	0	ending Med. pirectar	Staff Phys.	238. DATE SIGNED		
23C. PHYSICIAM'S NAME (Type) Wilmer R. C. 81	lager,	M.D.	6209 Frederic	Rave, Ball	mons Med. 212.28		
REMOVAL (Specify) 248. DATE	24C. NA	ME of CEMETERY OF CE	REMATORY 24D	LOCATION (C	ity, town, or county) (State		
BURIAL 11-3-	69 WE.	STERN CEM	ETERY B	ALTIMORE	MARYLAND		



Amended cert. signed by Dr/Stanford H.Malinow of Sinai

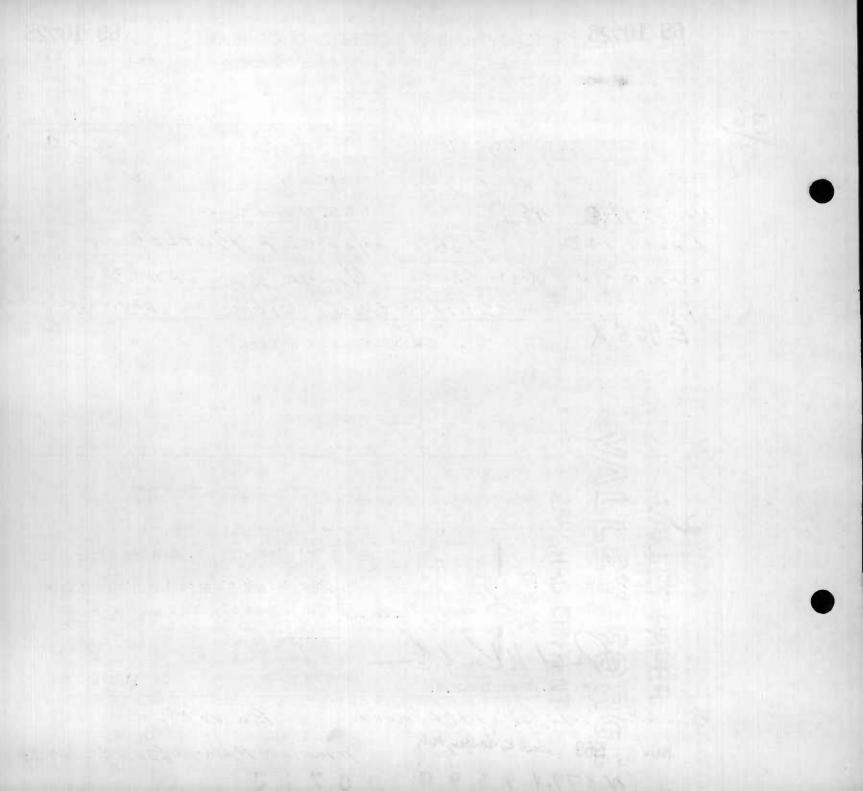
-42-08	69 10mg	CATE OF DEATH REG. NO. 69 10727				
7-PEPOF	69 10727. CERTIFIC	CATE OF DEATH				
of death of death Deceased e on the	(Type or Print) TERRY, HAZEL V-	10/29/69 2-15 AM				
De De	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY				
se (5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland 1602				
a h caus se; (senda	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION BALTIMORE CITY HOSPITALS	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO				
E 5+ L	4940 Eastern Ave.	E. STREET AND NUMBER 1515 Edmondson Ave. 21223 007				
P.E 0 8.E	. Palto Md 21224					
1000	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	lust diffidaty)				
oon out	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU					
or c ndet s in dec	done during most of working life, even if relired) Homenace	Georgia USA				
rect (4) U way	13. FATHER'S NAME Verdell Cawthon	Mary Phipps				
ath din	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates at service) (Yes, no or unknown) (If yes, give wor or dates at service)	17. INFORMANT ADDRESS				
IMPORTAN or his assistan Also, if the d of any kind; ounced death		BCH Records: 4940 Eastern Ave. 21224				
ass ass	L IB. CAUSE OF D					
PC ar	DISEASE OR CONDITION DIRECTLY	.2				
IN or h	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE (A) IMMEDIATE	RAS A CONSEQUENCE OF:				
	hearl tollure, aslhenio, etc. Il means the disease,	R AS A CONSEQUENCE OF:				
act act	2	Ma				
T min	ANTECEDENT CAUSES	IABETES: Many Years				
EX X X X	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the					
DIRECTOR: ical examiner al examiner. is; (3) A fractucian who pre	UNDERLYING CONDITION Iasi. (C)					
- 0 E - 2		gestine Heart Failure + Renal Failure				
RA m m m b h y p h y	DISEASE OR CONDITION GIVEN IN PART 1 (A).					
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
FUN he ch by 2) Bo	O W A COLDENY WAS HADDED VING TO 1218 BLACE OF INHIBY	(e.g., in or obout 21.C. WHERE DID (If in this increase City, give exact location)				
F 5-45 G		et, office bldg., INJURY OCCUR?				
2: 0.3 Z	D 21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
post mosp (6)	OF INJURY While At Not	While Work				
rov n y n xce	8	OCT 16 1969 to OCT 29 1969				
0 + E 0 0	22. (certify that (i) (this haspital) difference the deceased from	19 69 and that In (my) (aur) apinian death accurred an the dat				
5 4 5 E	and haur and fram the causes stated abave (1) (We) (did) (did n					
sed to	and haur and from the causes stated above (1) (we) (ald) (ald in 23A. SIGNATURE	23B, DATE SIGNED				
de de	E I (a la) Sal	Attending Med. Staff Med. Director Phys. 10/29/69				
a h	O O O O O O O O O O	23D ADDRESS				
was r An at c	Dale N. Schumacher, M.D.	Baltimore City Hospitals 4940 Eastern Ave. 21224				
A B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	TO CREMATORY 24D. LOCATION (City, town, or county) (Stote)				
This certif the body shows: (1) was D.O deceased	5 January 10/31/69 Morgant A-	ma pluch Blading Da				
This ce the books: was D.	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	ADDRESS 17 5 3 5. Land 12				
This the I show was dece	NOV 3 1969 Robert E. Jackey Mills	J. O. S. J. C. J. C.				
	VS 150-REV. 1/1/6B					

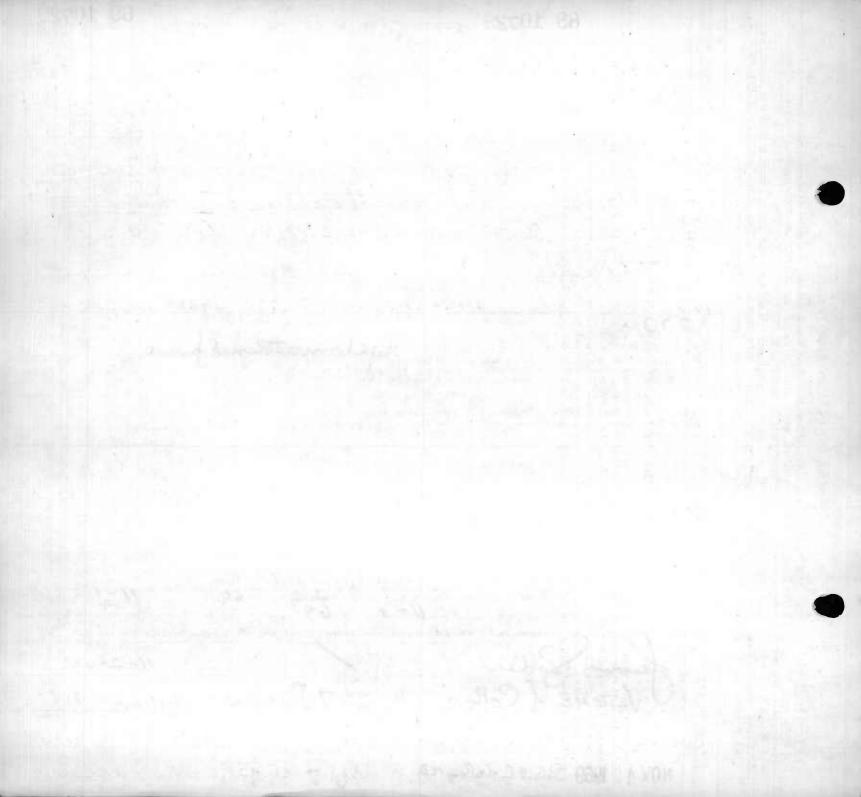


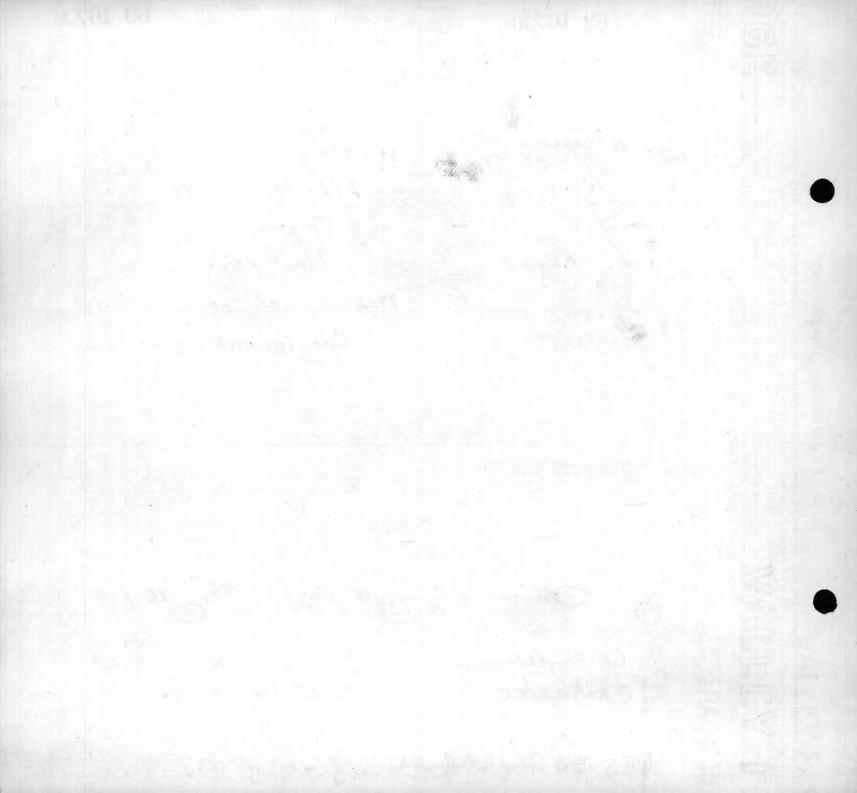
D-120 69 10728 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.__

69 10728

BIRTH NO.	MILD	ICAL	EXAMII 1EK O	CLICITI	CATEO	DETTI	REG. NO.			
1. NAME OF DECEAS	ED			2. DATE	Known 🗆 .	Month	Doy	Yeor	Hour	
(Type or Print)ELVIE	RA C. DA	VIS		OF DEATH	Estimoted					М.
4. PLACE IN BALTIMO				3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	ITUTION, GIVE STREET				mber 1,		12:48	
	TIN COUNTR	HOCD	TTAT (DOA)	A. STATE	ESIDENCE (Where		ed. It institution B. COUNTY	: residence	petore odmis	ision)
	LIN SQUARE			C. CITY OF	Maryla	nd	D. INSIDE CI	TV HAAITS?	00-	2
Female /	Negro		ED NEVER MARRIED	7	timore			. 1		
9. DATE OF BIRTH	IIO ACE /I	WIDOW	If Under 1 Yr. If Under 24 Hr	- []	AND NUMBER		Y	s	NO L	
1/21/24-	920 ost birthdo	46	Months Doys Hours Min	1.	. Gilmore	Strant				
11. BIRTHPLACE (State	or fore an country)	,	12. CITIZEN OF	13. FATHER						
BALTO	MD		WHAT COUNTRY?	CAN	NUS A	- 150	TLB	in		
14A.USUAL OCCUPATI	ON (Give kind of work	14B. KIND	OF BUSINESS OR INDUST	RY 15. MOTHE	R'S MAIDEN NA	ME			17/1/	
done during most of working	ig life, even if retired)	2541	ts Chus,	141	LDA &	lan	GKO	2)		
16. WAS DECEASED E				18. INFOR	01		Al	DDRESS	10	- well
N	is, give wor or doles	0, 30, 1160	220-17-100	HILL	10/0	sw.	6	COYN	Cour	20.0
19. F 9/	× 3/		CAUSE OF DE	ATH					PPROXIMATE IN VEEN ONSET A	
DISEASE OF	R CONDITION DIRE	CTLY	Gunsh	ot wound	of Abdom	en				
	DING TO DEATH		(A)IMMEDIATE	CAUSE		,				
heort foilure, osth	eon the mode of dy enio, etc. It meons the otion which coused de	diseose,	DUE TO, O	R AS A CONSEC	DUENCE OF:					
injury or complice	mon which coosed de	O,								
	CEDENT CAUSES	V CIVING	(8)	R AS A CONSE	OUENCE OF:					
RISE TO THE ABO	OVE CAUSE (A) STA		552 10, 5		GOLINGE OT.					
Z ONDEXTING	CONDITION LAST.		(c)							
OTHER SIGNIFICA	II ANT CONDITIONS C	ONTRIBUT	ING							
TO THE DEATH	BUT NOT RELATED TO	THE TERM	NAL	an aprovens aprovens servedor rajor spor ajor spot servedor rapo rajor (100-100 esta e						
K-			FOR WHICH OPERATION	WAS PERFORM	MED			21. AUTO	OPSY? (Yes	or No)
Ō								yes		
	CAUSE WAS		22B. PLACE OF INJURY (e.,	fice bldg etc.)	NIURY OCCUR?	(if in Boltimor	City, give exc	oct locotion)	160	23
UNDERLYING CAUSE	OF DEATH.		Hor	ne	2nd floo	r- 604	N. Giln	nore S	treet	
22D. TIME (Mon			22E.INJURY OCCURRE)	22F. HOW DID IN	IJURY OCCU	R?			
(APPROX.) NOV.	.1,1969 12	2:10 A	WHILE AT AT	OT WHILE X	Shot duri	ng alte	rcation	with	boyfr	iend
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	that I held an — I fram: Natural cau				amicide 🔀		ed manner			
resulted	ram: Natural Eau	ses 🗀	Accident July		CHIEF MEDICAL		_			
ACTUAL	1 hila	111	Va the	ASS	ISTANT MEDICAL		$\overline{\mathbb{R}}$		DATE SIG	NED
SIGNATURE_ EXAMINER'S	J franch	-		i.D.	OCIATE MEDICAL			11/1	160	
NAME (Type)		Korr								
24A. BURIAL CREMATI	ON, 248. DATE	109	124C. NAME of CEMETER			BOLTO		n, or county) (Sto	ote)
25A. DATE REC'D BY H	EALTH DEPT.	258. A	ANE OF BEGINNER		FUNERAL DIRECT			DDRESS		
NUV 3	1909	Dens C		m.	mhan	Poffe	ma 63	88n9	ILM	n st
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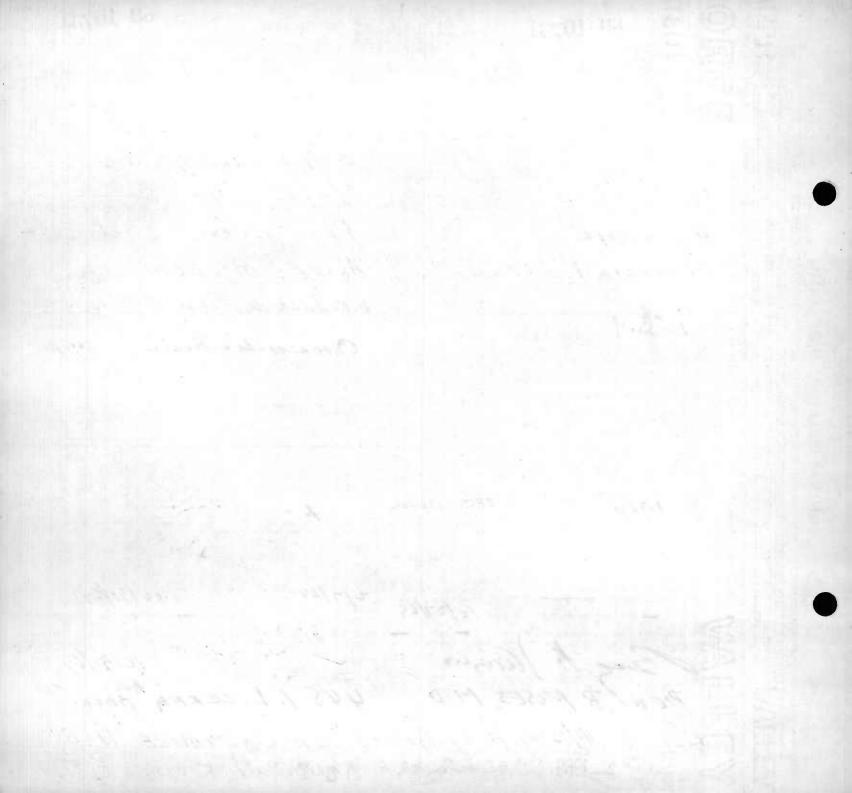






and cath	BIRTH NO. 1. NAME OF DECEASED (Type of Print) 2. DATE AND HOUR OF DEATH (Type of Print)
- P = G	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decedsed lived. If institution: residence before odr
cause of use; (5) De endance to death	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION D. INSIDE CITY LIMITS?
cat cat	539 N. LUZERNE AVE BALTIMORE YES NO DE STREET AND NUMBER 539 N. LUZERNE AVENUE
contribution contribution etermined n regular eceased pi	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 1
death or c Undet as in e dece	done during most of working life, even if retired) HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
stant if ne direct ind; (4) leath w e on the	FRANKLIN P. STONC 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.
s assist any kir ced de ndance or fina	NO MR. JACK WITOLD 539 N. LUZ.
examiner examiner. (3) A fractu an who pro in regular ns are emba	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made af dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE CHREWAR - LOVE. BOWEL 54 ENC. (A) IMMEDIATE CAUSE CHREWAR - LOVE. BOWEL 54 ENC. (A) IMMEDIATE CAUSE CHREWAR - LOVE. BOWEL 54 ENC. (A) IMMEDIATE CAUSE CHREWAR - LOVE. BOWEL 54 ENC. (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C)
chief medical a medical Body burns; the physicial ysician was e the remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). UNIVERSAL OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED BYST BOWEL NOTHER SIGNIFICANT CONDITIONS CONSIDERED WAS PERFORMED BYST BOWEL
the all by (2) ere of ph	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? etc.)
hospite nature; cept while (6) No	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR?
be approed to the nt of any sital (example); and st be obt	22. I certify that (1) (this hospital) attended the deceased from 7/7/69 19 ta 10/31/69 19 that (1) (we) last sow the deceased alive an 10/27/69 19 ond that in (my) (evr) opinion death occurred on the control of the
eas ide	and hour and from the couses stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGN ATURE Attending Med. Shoff 10/3/1/9 Phys. Director Phys. 23B. DATE SIGNED. 10/3/1/9 23C. PHYSICIAN'S 23D. ADDRESS
as rad at rior	BENJ. B. MOSES, M.D. DEGREE 448 N. LUZEKNE BALTO
This certific the body w shows: (1) A was D.O.A. deceased pl written app	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. OCATION (City, town, or county) (See DATE 1) CONTROL (Specify) 1969 HOLY DOSARY EMPLOYED ADDRESS 5 NOV 3 1969 PAGE CASE AND TOWN OF CEMETERS OF CREMATORY 24D. OCATION (City, town, or county) (See DATE 1) CONTROL OF CEMETERS OF CREMATORY 24D. OCATION (City, town, or county) (See DATE 1) CONTROL OF CEMETERS OF CREMATORY 24D. OCATION (City, town, or county) (See DATE 1) CONTROL OF CEMETERS OF CREMATORY 24D. OCATION (City, town, or county) (See DATE 1) CONTROL OF CEMETERS OF CREMATORY 24D. OCATION (City, town, or county) (See DATE 1) CONTROL OF CEMETERS OF CREMATORY 24D. OCATION (City, town, or county) (See DATE 1) CONTROL OF CEMETERS OF CREMATORY 24D. OCATION (City, town, or county) (See DATE 1) CONTROL OF CEMETERS OF CREMATORY 24D. OCATION (City, town, or county) (See DATE 1) CONTROL OF CEMETERS OF CREMATORY 24D. OCATION (CITY, town, or county) (See DATE 1) CONTROL OF CEMETERS OF CREMATORY 24D. OCATION (CITY, town, or county) (See DATE 1) CONTROL OF CEMETERS OF CREMATORY 24D. OCATION (CITY, town, or county) (See DATE 1) CONTROL OF CEMETERS OF CEMETERS OF CREMATORY 24D. OCATION (CITY, town, or county) (See DATE 1) CONTROL OF CEMETERS OF CEMET
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BALTIMORE CITY HEALTH DEPARTMENT



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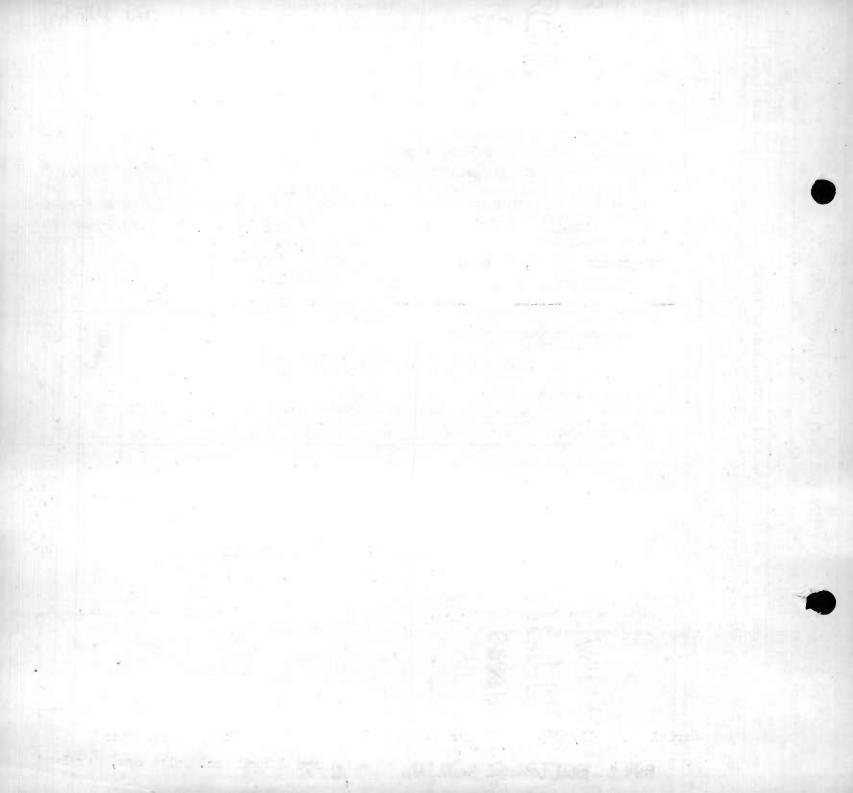
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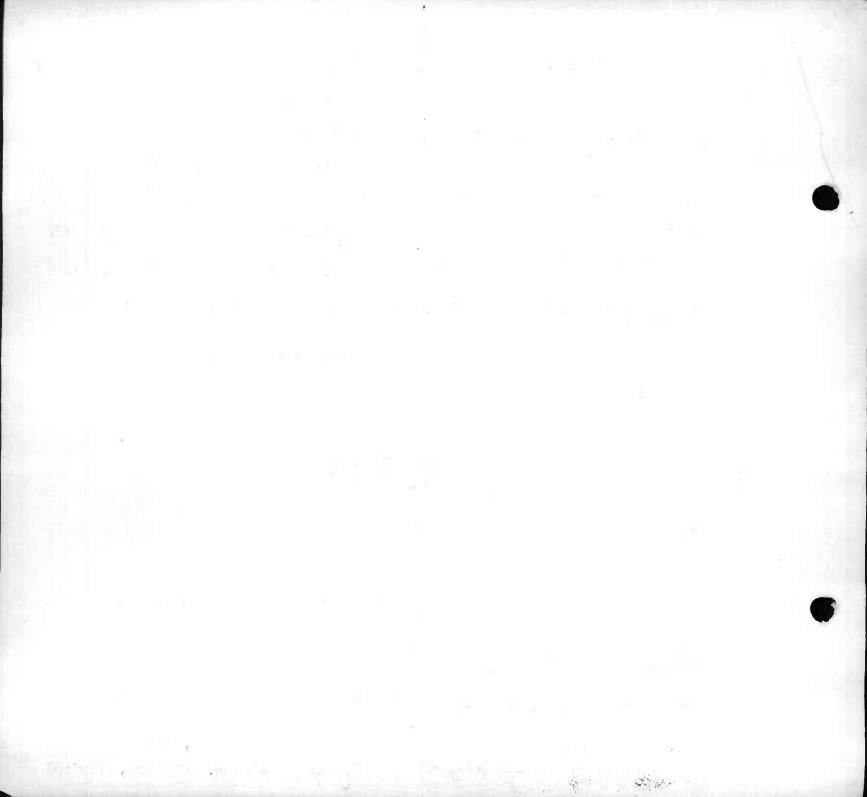
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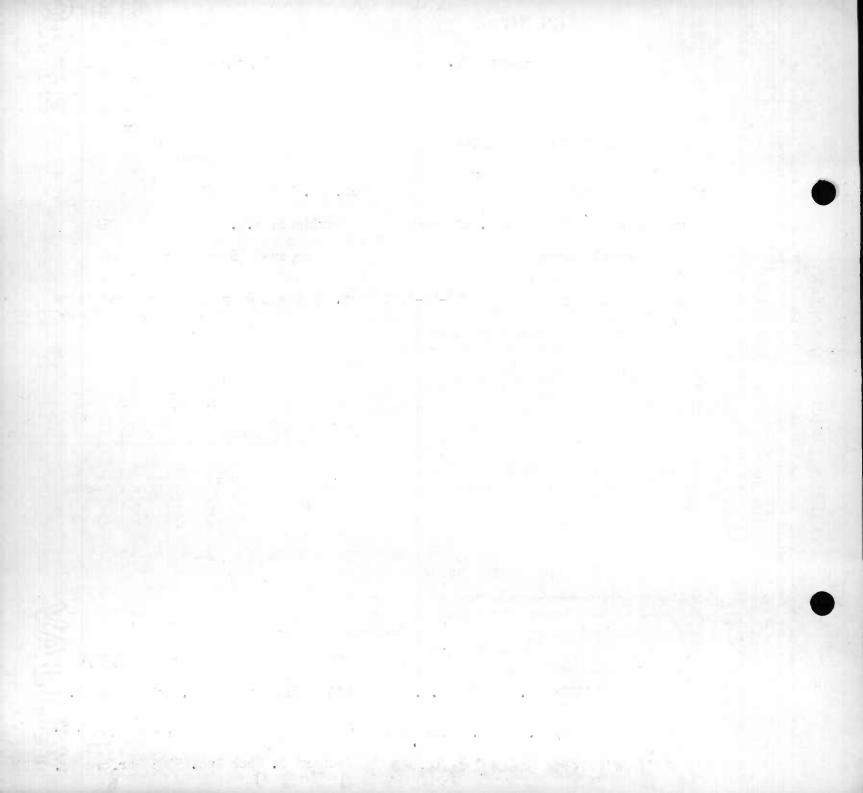
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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT









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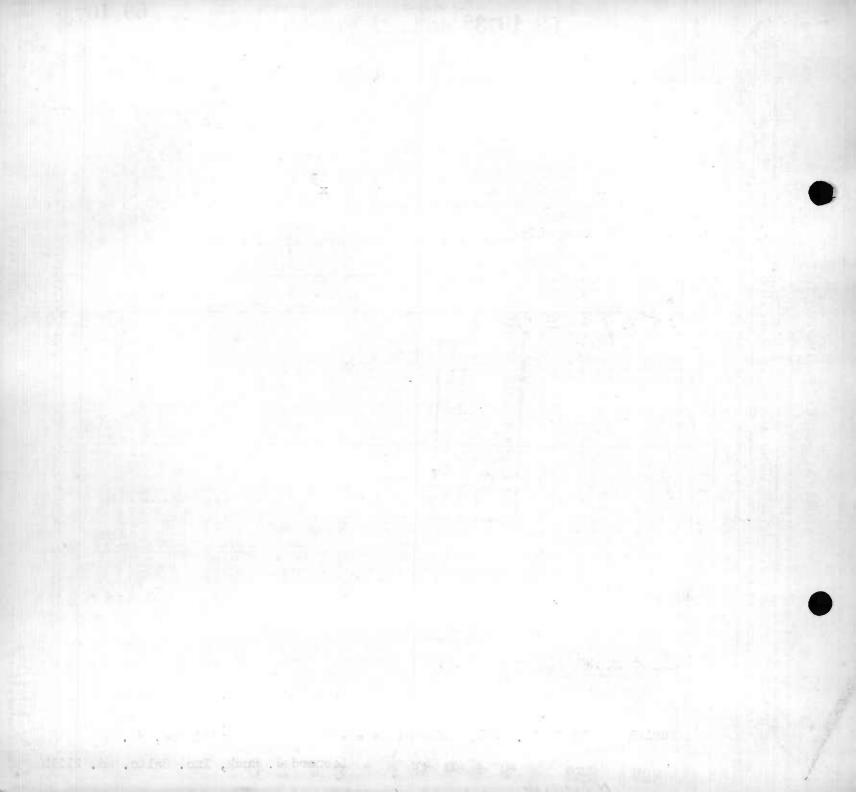
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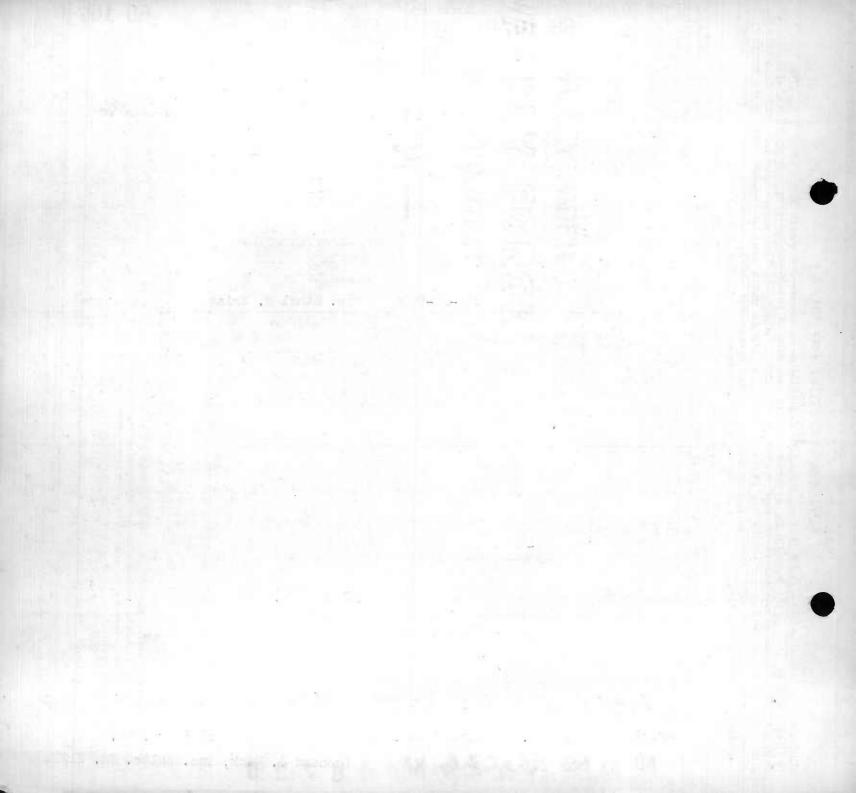
Michael Yen MD

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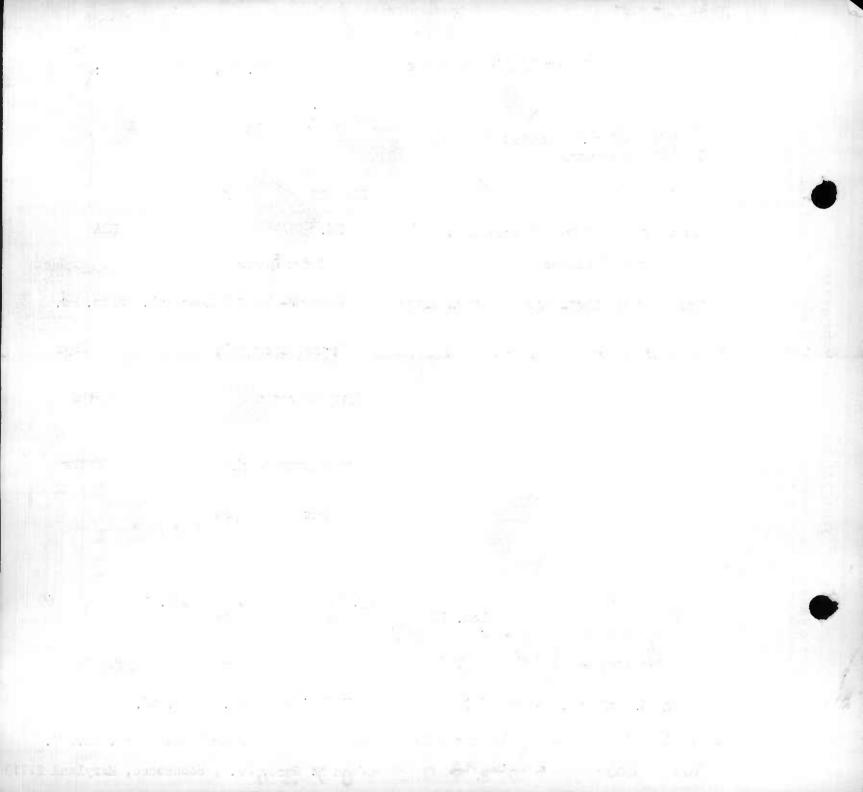


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	00	TO 19	WED	ICAL	. EX	AMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	00	10739
	TH NO.						2. DATE				Year	Hour
(Тур	e ar Print)	F					OF OF	Knawn XX	Manth	Day		
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	PLACE IN BAL						3. DATE	INCED DEAD	Month	Day	Yeor	Hour
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OR	INSTITUTION							SIDENCE (Where	deceased li		residence	efare admission)
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6. 5		7. RACE				D.O.A.	C. CITY OR			D. INSIDE CIT	Y LIMITS?	100
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	ATE OF BIRT		10. AGE (In	()	Manths	er I Yr. If Under 24 Hrs Doys Haurs Min.		ND NUMBER				
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11.	BIRTHPLACE (S	State or foreign	gn country)			IZEN OF	13. FATHER	SNAME				
						USA	Chan	les O Mill	le			
Ī4Ā	Marylan USUAL OCCU	PATION (GIV	e kind of wark	48. KIND	OF BU	ISINESS OR INDUSTR	Y 15. MOTHER	'S MAIDEN NAM	AE .			
-	during mast of	-	ven if retired)				DII.	16 70 2 -1				
D	ie-Sett	er	II.C. ADMED	FORCE	co 11	7 606141	18. INFORM	M Dishard	on	A.F.	DDECC	
(Yes	WAS DECEAS , no ar unknown) (If yes, give	wor or dates	of service)	7. SOCIAL SECURITY NO.	INFORM	IAINI		AL	DRESS	
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	19. 1/13	4				CAUSE OF DEA	ATH					PROXIMATE INTERVAL EEN ONSET AND DEATH
	DISEAS	E OR CONE	ITION DIREC	TIV		Arteriosc1	erotic o	cardiovaso	ular	disease		
		LEADING TO										
	(This does n	ot mean the	mode of dy	ng, e.g.,		(A)IMMEDIATE DUE TO, OR	AS A CONSEQ	UENCE OF:				
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			ONS, IF ANY USE (A) STAT			(B) DUE TO, OR	AS A CONSEC	QUENCE OF:				
7	UNDERLYII	NG CONDIT	ION LAST.			(c)						
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¥	OTHER SIGN	NIFICANT CO	II NDITIONS CO	NTRIBU	TING							
임	TO THE DE	ATH BUT NO	RELATED TO	THE TERM	INAL							
						HICH OPERATION W	AS PEREORM	FD			21 AUTO	PSY? (Yes or Na)
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	0										N	0
EDICAL	22A. EXTER	NAL CAUSE			hame, f	ACE OF INJURY (e.g. arm, factory, street, offi	, In or about 2 ce blda etc.) II	2C. WHERE DID (NJURY OCCUR?	If in Baltimo	re City, give exa	ct locotion)	
8	UTING CA											
Σ		(Month) (I	Doy) (Year) (Hou	r) 22E	INJURY OCCURRED	2	2F. HOW DID IN	JURY OCC	UR?		
	(APPROX.)						T WHILE					
	23.	_		_	m. WO	AI AI	WORK LJ					
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	resul	tea tram: T	norural Pau	ses [Acc	ident Juici				ned monner L	_	
	ACTUAL		1/1//	1	11-1			CHIEF MEDICAL E		H		DATE SIGNED
	SIGNAT		4-11	Wea	Xall	WWI _M.	D. ASSI	STANT MEDICAL E	XAMINER	XX		
	EXAMIN		Teic	lore	Miha	lakis, M.D.	ASSO	CIATE MEDICAL E	XAMINER		oct. 3	1, 1969
	NAME (Type)	1310	IOIE .								
	A. BURIAL CRE		24B. DATE		24C.	NAME of CEMETER	or CREMATO	24D.	LOCATION	(City, town	, ar county	(Stote)
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	DATE REC'D	RV HEALTH	DEPT /3/	769 1750 N	JAME	Holy Redec	mer lasc s	UNERAL DIRECTO	altimo	re, Mar	DDRESS	
23/	A. DATE REC D	OT HEALIN	DLF 1.	230. 1	7.	A. M.	T 0.0	nard J Rue		Raltime	re M	arviland
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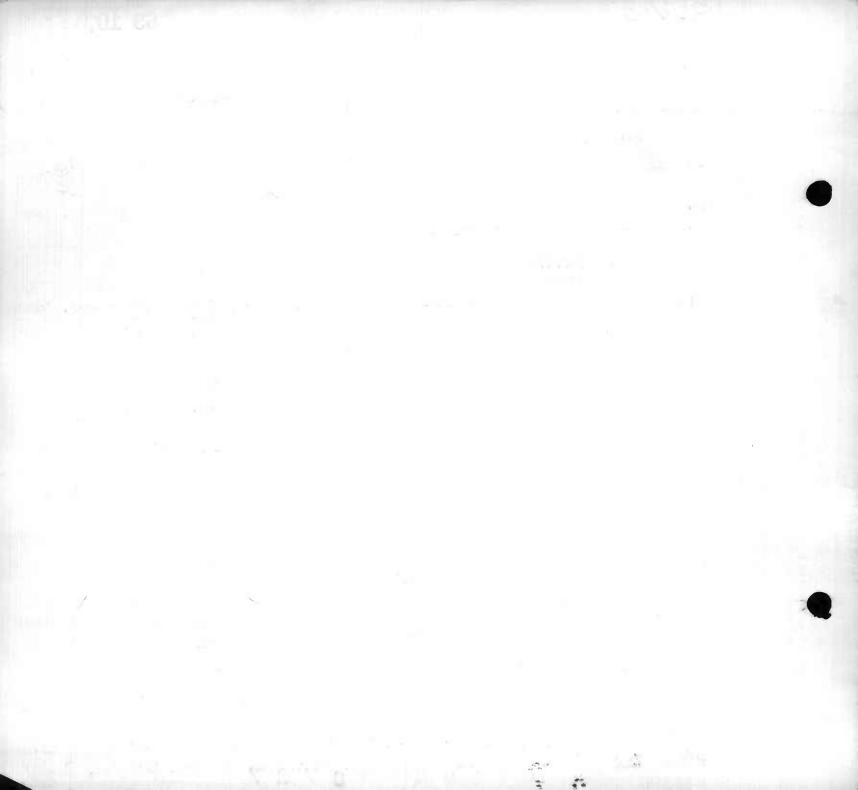


VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

15	-45	5			HEALTH DEPARTMENT		CQ 40m49
	H NO.	69	1074	12 CERTIFICA	TE OF DEATH	REG. NO	69 10742
	ME OF DECE	ASED ON LON				AND HOUR OF DEAT	-5
3. PL	ACE IN BALT	MORE MARYLAND, W	SKI 115	OUNCED DEAD	4. USUAL RESIDENCE (Vhere deceased lived If	institution: residence before admission)
F(111	NAME OF				Md,	HARFORD	(1 0 0
HOS	PITAL OR	ADDRESS OR LOC	VIION)	TUTION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
S	bouth B	altimore (Senen	al Hospital	Joppa		YES NO NO
4	3				E. STREET AND NUMBE		hia Road.
5. SE	x	. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
	hale	Cancasian	WIDOWED	DIVORCED	3-5-95	lost birthday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
one o	JSUAL OCCUI	PATION (Give kind of work orking life, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE Stole or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	Carpent		con	struction'	Maryland		us
3. FA	ATHER'S NAM				14. MOTHER'S MAIDEN		
E 14'		IIn Skill				Cloman	
Yes. n	of unknown)	ver in U. S. Armed For If yes, give wor or dote	s of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Md.
_	no			218-03-5400	1	mmel, 1408 0	ld Joppa Road, Joppa
118	410	OR CONDITION DIE	TOWN W	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	L	EADING TO DEATH	CILI	CANADEDIATE CAL	SE Myocordi	1 T 0	
l ii	DISEASES OR	CONDITIONS, if above couse (A)	iny, giving sloling the	(B)	A CONSEQUENCE OF:	***************************************	***************************************
E TO	O THE DEATH	ANT CONDITIONS COI BUT NOT RELATED TO THE NOTION GIVEN IN PAR	E TERMINAL	***************************************		*************************	
D 19	A-DATE OF C	PERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?
_ 0	R CONTRIBUT	WAS UNDERLYING DISCOLLARS OF SECOLULAR CONTRACTOR CONTR	218 hon etc.	RPLACE OF INJURY (e.g., in ne, farm, factory, street, of)	or obout 21 C. WHERE DID	(li In Boltimo	re City, give exoct location)
<u>0</u> 21	D. TIME (Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
< (A	APPROX.I		Wh	nile At Onk Not While			
22	2. I certify th	at (t) (this haspital)	attended t	he deceased fram	10-26	_19 <u>62</u> ta	0-30 1969
th	at (i) (we) lo	ist saw the decease	dalive an	10-30	19 <u>69</u> and	that in (my) (our) ap	inion death occurred an the date
Q1	nd have and	ram the causes stat	ed obave. (I) (We) (did) (did not) v	ew the body after deat	h.	
23	A. SIGNATURE		10	Atte	uding 🖂 Med 🖂	SHIR I	23R DATE SIGNED
23	C. PHYSICIAN	enor d. C	11000	MD DEGREE Phys	ding Med. Director	Staff Phys.	10-30-69
	NAME (Typ	e)		IN. D	South Bultin	ware Gen	ever 1 Hee Direct Palo
24A. B	BURIAL CREM.	ATION, 24B, DATE	Noon	DEGREE AME of CEMETERY OF CRE		LOCATION (C	eral Hespiral Mainty, town, or county) (Stote)
,	REMOVAL (Sp.	ecify)					
254	durial	NOV.	1969 B	Bel Air Memoria Of REGISTRAR	25C. FUNERAL DIRECT	Bel Air	Harford Md.
1	OA 9	The Branch of	THE CO	ALD CO	Howard K. M	cGmas & Son.	, Abingdon, Md.
					- 1		



NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 11-2-1969 Mountian View Marlington, W. Va.

25A. DATE REC'D BY HEALTH DEPT. NOV 3 1959 M. Cook-Brooks Towson, Md. 21204

VS 151-REV. 1/1/68

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

A M.

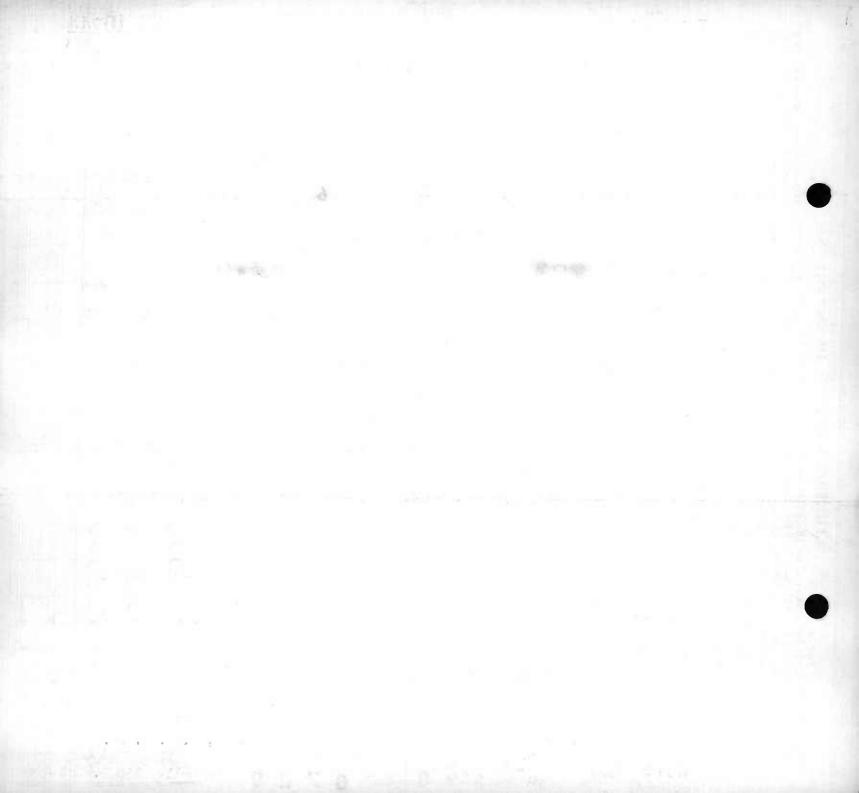
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ADDRESS

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Il Under 24 Hrs.

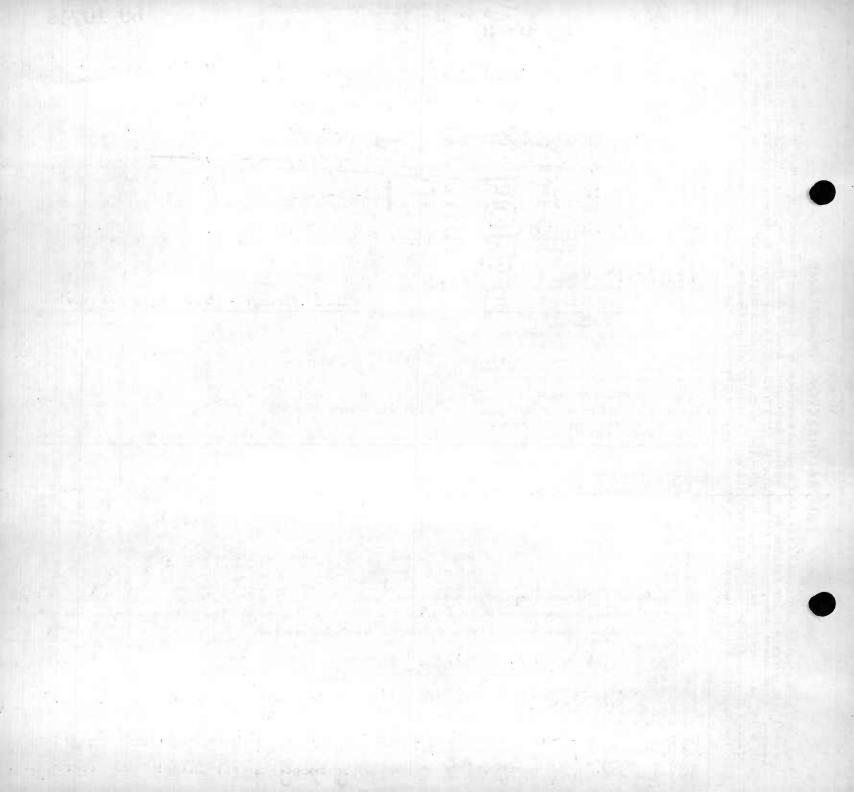


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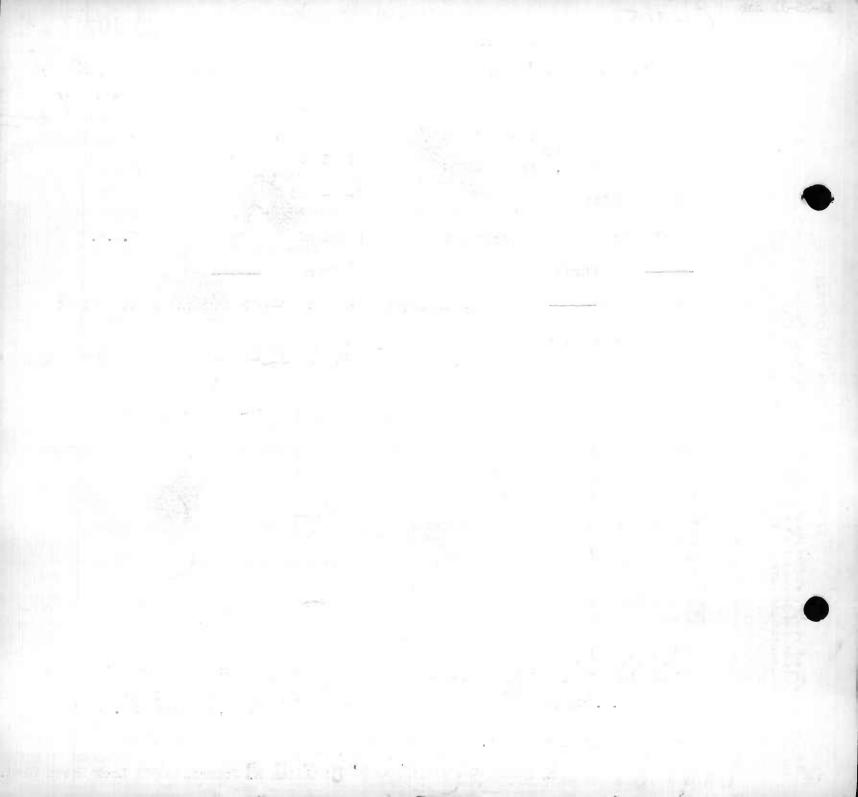
11	>			BALTIMORE CITY	HEALTH DEPARTMENT		
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BIRTH N			1074	Q CERTIFICA	TE OF DEATH RE	G. NO	10/30
	OF DECE	SED	-	^	2 DATE AND HOUR	OF DEATH	
(Type or	Pnn!/	Beck!	I	ASHIN	4.0	20 160	1 11200
3. PLAC	E IN BALTI	MORE, MARYLAND,	WHERE PRONOL		4. USUAL RESIDENCE (Where decease	30 107	I / / M
					A. STATE B. COUNTY	NAGO II INSTITUTIO	n: residence before odmission
FULL NA	AME OF	UF NOT IN HOSPI	TAL OR INSTITU	ITION, GIVE STREET	mary land BAIN	o.co.	5300
INSTITUT	TION	ADDRESS OR LOC			C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
110		DINA	1 140	SPITAL	Baltimore	YES	NoV
142	/			TIMORF.	E. STREET AND NUMBER	1201	
1			DML	I MORE.	7800 Season	2000	P
5. SEX	16.	RACE	17		320001	mule	Jane
7	_	1 4 /	" MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In lost birthets	yoors II Ur	nder 1 Yr. II Under 24 Hrs. hs Doys Hours Min.
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done durin	ng most of wo	rking life, even it retired)					
1	aus		<u></u>		Mestria		USU
13. FATHI	ER'S NAME				14. MOTHER'S MAIDEN NAME		
N.		l-			F		
15. Wood D	Deceased Ex	er in U. S. Armed Fo	·ca+?	1 6. SOCIAL	1 aga		
(Yes, no be	unknown) (yes, give wer or dot	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
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18.	5.10	2.1		CAUSE OF DEATI	Who Dolomon Nog	ers	APPROXIMATE INTERVAL
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11		OR CONDITION DI ADING TO DEATH	RECTLY		CTABLE CO.		Infaction
(This		meon the made of	dutag a a	(A) IMMEDIATE CAU	The state of the s	EPTICUS	10/23/69.
heort	l lailure, as	thenia, otc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
injury	y ar campli	catian which coused	death.)				
	AN	TECEDENT CAUSES					
DISE	ASES OR	CONDITIONS, il	ony giving	DUE TO OR AS	A CONSEQUENCE OF:	**************	***************************************
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UND	DERLYING (CONDITION last.		(c)			
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TO THE	HE DEATH B	BUT NOT RELATED TO T	HE TERMINAL	1-12 A	DITHEUMONI	a	
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DI 19A.D		WAS PER	FORMED		IN CERTI	ES, WERE FINDING	F DEATH?
U 21 A.	ACCIDENT	WAS UNDERLYING	7 218	LACE OF INTURY	or obout 21 C. WHERE DID (II		
OR C	ONTRIBUTII	WAS UNDERLYING	home	, form, loctory, street, of	ice bidg., INJURY OCCUR?	In Bolilmore City, g	give exoci location)
O DEATI	H (notify me	odical examined	otcJ		177		
□ 21 D. T	IME (A	Aonth) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?	
E OF IN				At Not White			
			Work	☐ At Work		1-	10
22. I	certify the	(1) (this hospital) gittended the	deceased from	10/25 196/1	10/3	0 10 67
		st saw the decease				/	of the second
1				*****		(our) apinian de	eath accurred on the date
ana n	nour and tr	om the causes sta	ed above. (I)	(We) (did) (did not) vi	ew the bady after death.		
23A+5	HENATURE	1 (238. D	ATE SIGNED
	10/2	Jain	no	All VI I Phus	ding Med. Staff Director Phys.	1/0	1/30/69
23 C. P	HYSICIANS		1	- DE ONEL	3D. ADDRESS		10/0/.
N	AME (Type)		-	5300 N/21	- 1D	20
			2 2	DEGREE	2 20 I order	9451-25	1.
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26A - DAZ	MILL TO THE PARTY OF THE PARTY	170	1	izul un		to	
"*************************************	Sec. AC	SUPPLIES E	NAME OF	RMISTRAR	25C. FUNERAL DIRECTOR		ADDRESS



VS 150-REV. 1/1/68



32-25-33	sal	0-3	15		BALTIMORE CIT	HEALTH DEPARTMEN	NT.	
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and eath ased	Such	BIRTH NO.	ECEASED	10/4/	GERTITION.			
	<u>=</u>	(Type or Print)	Helon C	Harris H	~.0		E AND HOUR OF DEATH	
w- (i)	0 ±	3. PLACE IN B	ALTIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before odmission
hosp ise (5)	ded	FULL NAME O	F (IF NOT IN HOSE	741 00 1410	177.04	Maryland	COUNTY	0 / 3//
a hos cause se; (5)	p o	FULL NAME OF HOSPITAL OR	ADDRESS OR LO	CATION)	JTION, GIVE STREET	C. CITY OR TOWN	10.44	2011
in a g cau	attend ior to	21	Baltimore C	ity Hosp	itals	Baltimore,		SIDE CITY LIMITS? YES K NO
ng cau	prior	3/	4940 Easter			E. STREET AND NUMB	ER	
occurred ontributin	de.		Baltimore, M	laryland	21224	5801 Judi	th Way 21	206
occurr		5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months; Doys Hours; Min.
S T L	eased is ma	Female	White	WIDOWED[DIVORCED	7-22-1889	lost birthdayl 80	Months Doys Hours Min.
上でま	ece on i	dane during most of	CUPATION (Give kind of wo	rk 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
po L	dece		tress		irant	Maryland		U.S.A.
7,0	0 0 0	13. FATHER'S NA	AME	NOBUL	AT ATTO	14. MOTHER'S MAIDEN	NAME	0.000
nt if	¥ + dsi	**	- Burch			Shara		
ANI tant nd;	eath e on	15. Was Decease	ed Ever in U. S. Armed Forn) (If yes, give war as do	rces?	I 6. SOCIAL	17. INFORMANT		ADDRESS
T stan	ince of final	No	milit yes, give wor or do	tes of service)	SECURITY NO. 217-18-2771A		4940 Eastern	
SS T	T a d	18.	2 11 1		CAUSE OF DEAT		4940 Eastern	
n u . o	enda d or	24	ASE OR CONDITION D	IDECTIV	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or hi	atter		LEADING TO DEATH			- ASC 117		00
0	C 0 -	(This does	not mean the made a , asthenia, etc. It mean	f dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:		30412
OR: niner iner. ractu	ular mba	injuly or ca	mplication which cause	d deoth.)				
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Medical	nysicia n was remain		11		(0)	***************************************	************************	
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UNERA chief me by a med Body bu	0 0	DISEASE OR	CONDITION GIVEN IN PA	RT I /Al	***********************			
chief Body	physici	E ITA. DATE O	F OPERATION 198. COT	NDITION FOR W REORMED	HICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
5	ohy ore	U 21A. ACCIDE	NT WAS UNDERLYING	7 218	LACE OF INITIANA	100		
y th ital	0 0	OR CONTRID	ENT WAS UNDERLYING [UTING [] CAUSE OF y medical examined	home,	, form, factory, street, oli	or about 21 C. WHERE DI	D (If In Boltima ??	re City, give exact lacation)
by 1 pita ire;	S Z G	DEATH (notify	(Month) (Doy) (Year)					
ved b	and (6) P	S OF INJURY	tivionini (Doy) (Teoli	1 1 1 1 1 1	NJURY OCCURRED Not While	21F. HOW DID	INJURY OCCUR?	
_ 00.	tai tai	(APPROX.)		WOIK	AI WORK			
	0		that (1) (this hospita			- 4- 65	19 69 to 10	-30 1969
app to till of an of an	1 (6)		last saw the decease			19 <u>69</u> and	that in (my) (our) opi	nian death occurred an the date
b d		and hour an	d from the causes sta	ted above. (1)	(We) (did) (did not) vi	ew the body after dea	th.	
ust bease	3 TE	23A SIGNATI	JRE D					23B, DATE SIGNED
must eleas ccide		30	W - 100	20,00/1	Affer Phys.	ding Med. Director	Stoff X	10-30-69
9 to 10	prior	23C. PHYSICIA NAME (1	(voe)	11	2	BD. ADDRESS Balti	more City Hos	
certificat sody was /s: (1) An			G.W. Gragg	J	GEGREE	1940 Eastern	Avenue, Baltim	ore.Md. 21224
ŧà€	9 0	24A. BURIAL CRE REMOVAL (MATION, 24B DATE	24C. NAA	AE of CEMETERY OF CRE			ly, tawn, ar county) (State)
	9 9	Burial	10-31-6	9 Mt.	Olivet Cemet	ery	Baltimore, Ma	ryland
This the shov	deceased written as	25A. DATE REC'D	BY HEALTH DEPT.	258. NAME OF		25C. FUNERAL DIRECT	TOR	ADDRESS
H T W S	₹ 0 ₹	NOV 3	1959 Nuber &	Jaber 1	54,9 ()	SWilliam	E. Johnson	8521 Loch Raven Blvd
		V3 75U+KEV, 1/1/	84					

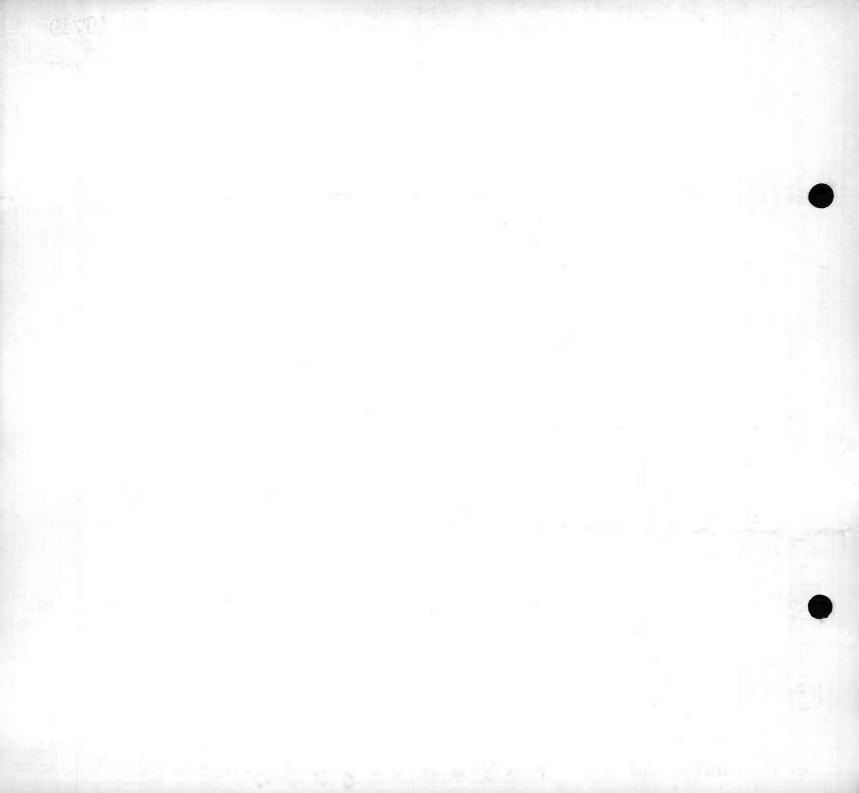


Cype or Print OF DEATH Estimoted OF DEATH Estimoted OF DEATH OF	anth Day Year Haur 10 31 1969 3:45a onth Doy Year Hour t. 31. 1969 3:45 a eosed lived. If Institution: residence before admissing B. COUNTY Baltimore 53 D. INSIDE CITYLIMIS?
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OC 5. USUAL RESIDENCE (Where dece A. STATE Maryland 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN	onih Doy Yeor Hour t. 31. 1969 3:45 a eosed lived. If Institution: residence before odmissi B. COUNTY Baltimore
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET OF PRONOUNCED DEAD OC S. USUAL RESIDENCE (Where dece A. STATE Maryland 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN WIDOWED DIVORTED 1. MARRIED NEVER MARRIED DIVORTED DIVORT	t. 31, 1969 3:45 a cosed lived. If Institution: residence before admissing B. COUNTY Baltimore 53
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Male White WIDOWED DIVORCED Middle River 2 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Days, Hours, Min.	
9. DATE OF BIRTH 1925 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER	1220 YES NO DOC
April 8, 1927 to 44 109 Kingston R	d.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	
West Virginia USA William T. Ble	avine
4A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	A TITIO
Shipper Westinhouse Corp. Lucy E. Hess	
	ADDRESS
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. WITE	
	Same
19. CAUSE OF DEATH	APPROXIMATE INTI BETWEEN ONSET AN
DISEASE OR CONDITION DIRECTLY Arterioscleptic cardiov	ascular disease
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
C)	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or
, de	YES
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in	
UNDERLYING OR CONTRIB. UNING CAUSE OF DEATH.	
	/ OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY	O COOK!
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11/12/69 - Correction form from funeral director.

ABC.

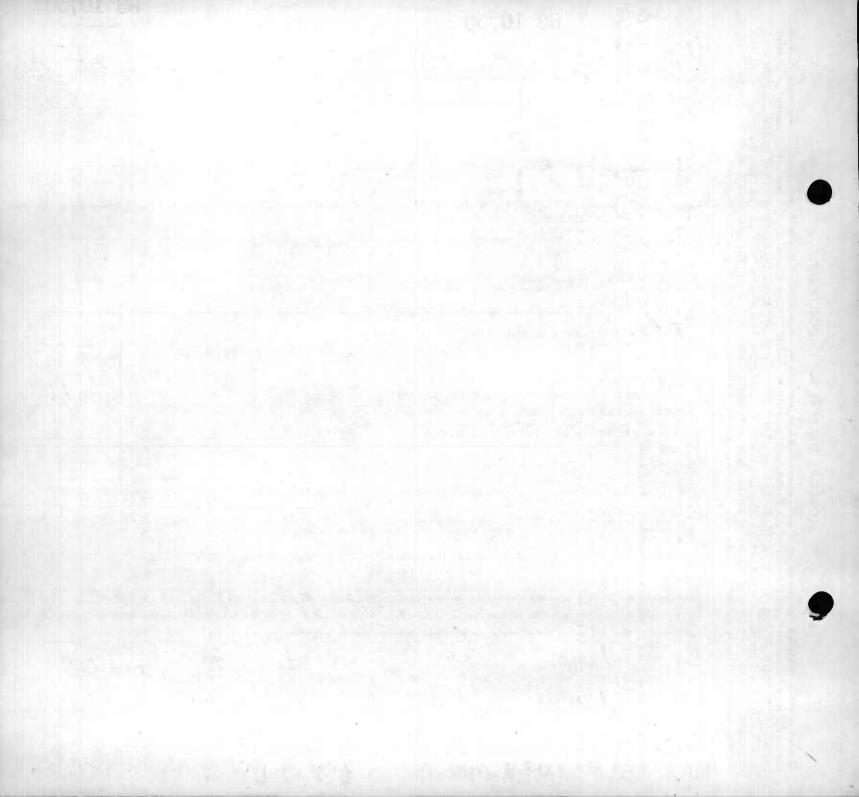
GROWING READ



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceosed lived, If Institution: residence before odmission:
A. STATE;
B. COUNTY D. INSIDE CITY LIMITS' YES T NO If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Ballimore City, give exact location) and that In(my) (aur) apinion death accurred on the date 23B, DATE SIGNED V\$ 150-REV. 1/1/68



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

Dankeland National Control Bulliance of the State of the Wast-strates -10/87/68 Thomas w Hospia is the 4200 Edmondrow Ave. de anna 11-1-15 PARTINORE CON ENGRADA MARINE MARINE

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

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Magael Kannasa Managel Care Managel Trapal

4-411-0

FUNERAL DIRECTOR: IMPORTANT

	A 200 BALTIMORE CIT	Y HEALTH DEPARTMENT
	HITTH NO. 69 10753 CERTIFICA	ATE OF DEATH REG. NO. 69 10753
	Type or Print)	2. DATE AND HOUR OF DEATH
- 11-	NEILIE P BUCK (NELLIE PARK	INS BUCK) NEURABER 69 1 150 A
	R. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence belore admission B. COUNTY
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	mo - 1201
- 13.	UNION MEMORIAL HOSPITAL	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES TO NO TO
		E. STREET AND NUMBER
ė į	/ /	BRODOVIEW APT #10
E	Female hite 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH ADRIL 30, 1887 lost birthdoy! So APRIL 1987 87
S 10	DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTHPLACE (State or largin country) 12. CITIZEN OF WHAT COUNTR
doi lisod si p	House wife None	KAUSAS USA
S 1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5	Alfred Parkins	UNGROUN Unknown
	. Was Deceased Ever in U. S. Armed Farcos? 16. SOCIAL	17. INFORMANT : daughter ADDRESS
	220-44-3714.J	Alice Buck Bramble, 205 Tunbridge Rd. (1
0	18. CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
5	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH METAST	ATIC CARCINEMA OF LUNGS 7
	(This does not meon the mode of dying, e.g., (A) IMMEDIATE CAL DUE TO, OR AS	JSE
	hearl lailure, aslhenia, etc. Il means the disease, injury ar camplication which coused death.)	A STILL STATE OF .
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
2	rise to the above couse (A) stating the UNDERLYING CONDITION last. (C)	
	11	
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CONC.	155 IUN HRART FAILLAR 20AYS
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	355 IVA HRART FAILLAR 20AYS
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
₹	OR CONTRIBUTING CAUSE OF home, factory, street, off occ.)	n or obout 21C. WHERE DID (If In Baltimore City, give exact location) lice bidg., INJURY OCCUR?
	21D.TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
٤	(APPROX.) While At Work At Work	
	22. I certify that (this happen) attended the deceosed fram	30 OCT 19 64 to 1 NOV 19 69
	that (1) (wat last saw the deceased alive on 31 OCT	19 69 and that in(my) (and apinion death accurred on the date
	and haur and fram the causes stated above. (i) (Mic) (did) (did not)	lew the bady after death.
	23A. SIGNATURE	23 B. DATE SIGNED
	A So - Alla MD GEGREE Phys.	nding Med. Staff 1 Nov 69
	OCC BUNCHELL AND	3D. ADDRESS
	J. 01x0N H, 113	3501 ST. PALL ST. BALTIMORES 18
24	A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY OF CRE	
	Burial 11/3/69 Green Mount Ceme	etery Baltimore, Maryland
25	101.3 1993 1 201 8 5 STATE OF STATE	25C. FUNERAL DIRECTOR ADDRESS
	150-REV. 1/1/68	Stewart & Momen Co. 108 W. North Av. 21201

116 W UNIVERSITY PKWY. SATIRAL TRIBUNESS OF THE Bur Hammer 5.1 kg USA MENOS EN 3 APRILIPIT 53 2435A7 Bill w Brook The same and a same of the sam METANTANA CARCINIAN OF LIVERS ..

Comment Head Philade 2 1485

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25 1 27 PAGE 37 BALLOUIS 22

FULL WORLD T

CERTIFI 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED NO 228. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in Baltimare City, give exact location) hame, form, factory, street, office bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB 39 S. Stricker St. // 2 Home Bedroom UTING CAUSE OF DEATH. 22D. TIME (Month) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) OF INJURY 11:00 WHILE AT NOT WHILE (APPROX.) 10 Self inflicted gunshot wound 23 Inspection XX Autopsy and that an this basis, death in my apinian I certify that I held an Inquiry Sulcide XX Hamicide resulted fram: Natural causes Accident ___ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER XX SIGNATURE. ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Oct. 26, 1969 Isidore Mihalakis, M.D. 24 A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Cedar Hill Cemeterv Burial Suitland.Md.

25C. FUNERAL DIRECTOR

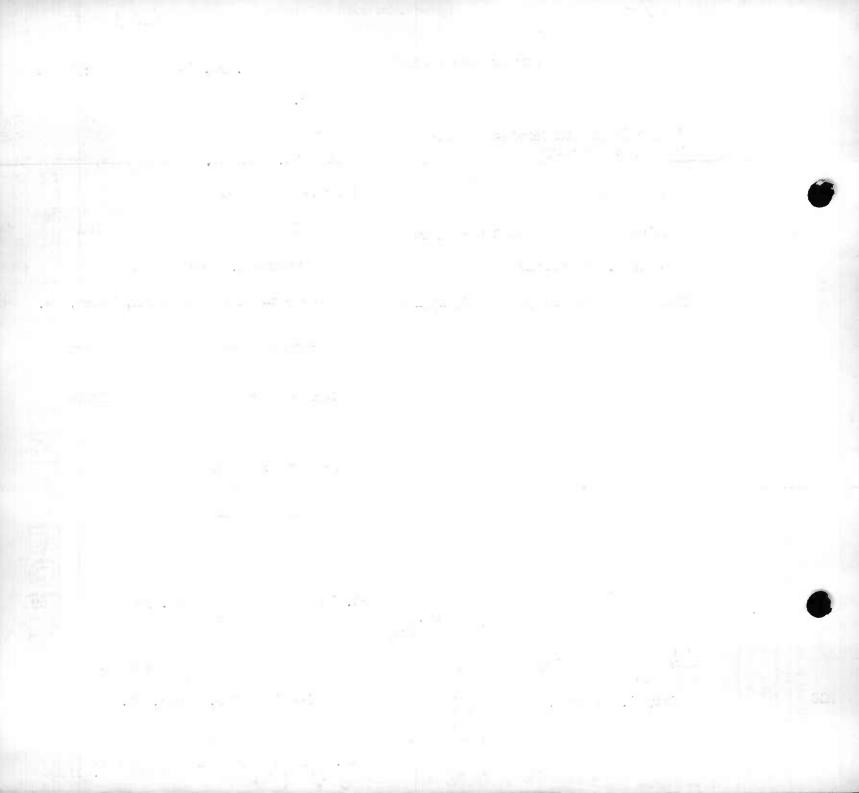
ADDRESS

258. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

The state of the s in the second of



BALTIMORE CITY HEALTH DEPARTMENT 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence D. INSIDE CITY LIMITS YESXX NO If Under 1 Yr. Months! Days Il Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? US 17. INFORMANT WILKENS & CATON AVE-BALTO., BALTO. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (if In Baltimore City, give exact location) and that in (Aux) X(aur) apinian death accurred an the date 23 B. DATE SIGNED 02 69 (City, town, or county) K: Seitz 5209 York Road Balto.-M VS 150-REV. 1/1/68

THE TIP THE A

IMPORTANT

DIRECTOR:

FUNERAL

THE PARTY OF THE PROPERTY OF THE PARTY OF TH STATE OF STATE - AND SHEET AND SHEET STATES

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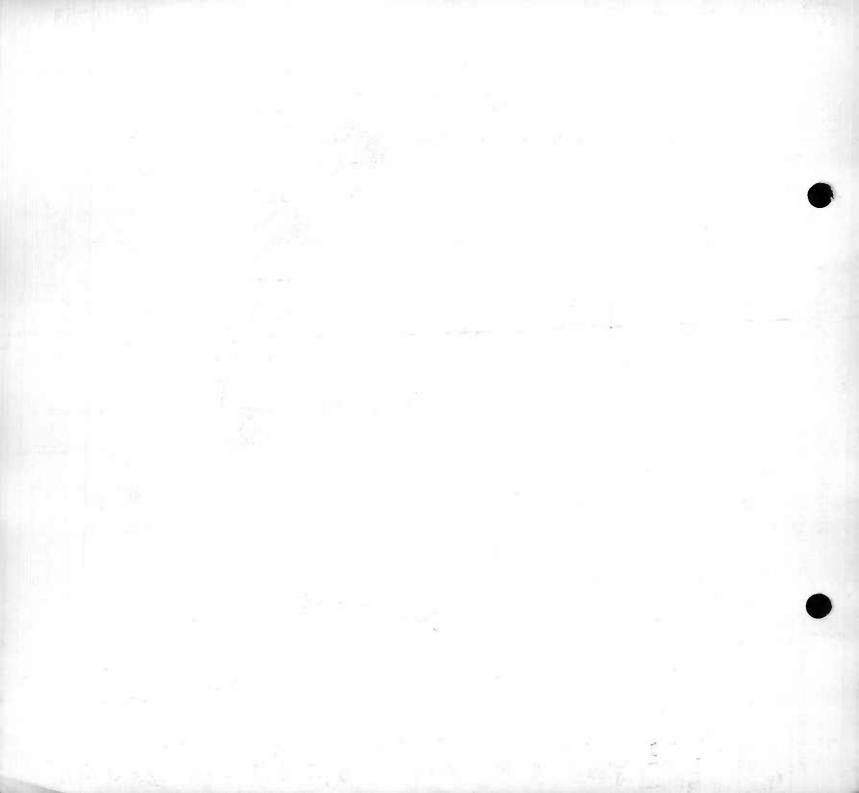
HOURS

(State)

ADDRESS

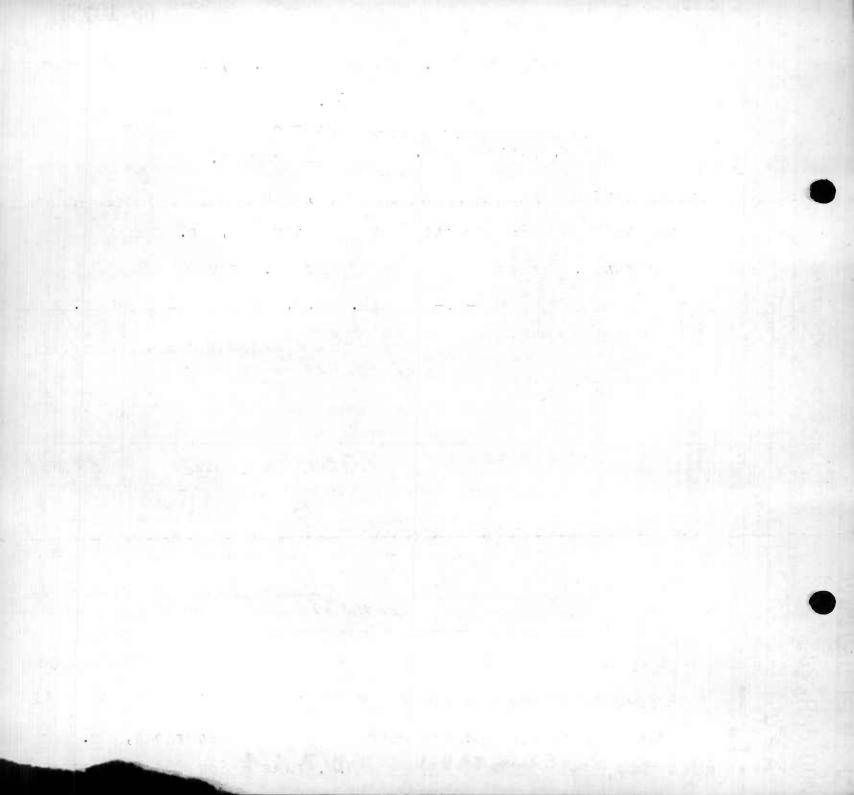
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

YEAR



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT GQ 10750
69 10759 CERTIFICATE OF DEATH REG. NO. 69 10759
I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH
(Type or Print)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admi
A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MD. ADDRESS OR LOCATION)
NSTITUTION D. INSIDE CITY LIMITS?
LONG GREEN NURSING HOME BALTIMORE YES NO
7// 115 5 Marinaga Area
OUL TORK 16D.
S. SEX 6. RACE 7. MARRIED NEVER MARRIED 2 B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Months; Doys Hours; N
FEMALE WHITE WIDOWED DIVORCED MAY 21.1895 74
0A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU
SALES LADY HOCHSCHILD KOHN BALTIMORE, MD. 3. FATHER'S NAME
DANIEL W. KAMMER S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.
212-03-7104ADR. WM.H.KAMMER 6011 YORK RD.
18. A CAUSE OF DEATH APPROXIMATE INTER
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (A) IMMEDIATE CAUSE Cerebral Cerebraseleroses 2 years (A) IMMEDIATE CAUSE Cerebral Cerebraseleroses 2 years
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (DUE TO OR AS A CONSEQUENCE OF:
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death,)
injuly di complication which coused death.
ANTECEDENT CAUSES (B)
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION lost, (C)
11
onter significant conditions contributing Diabeter melleter 5+zm
TO THE DEATH BUT NOT RELATED TO THE TERMINAL A CAREFUL MELLET CONTROL OF THE DESCRIPTION OF THE TERMINAL A CAREFUL MELLET CONTROL OF THE DESCRIPTION OF THE TERMINAL A CAREFUL MELLET CONTROL OF THE DESCRIPTION OF THE TERMINAL A CAREFUL MELLET CONTROL OF THE DESCRIPTION OF THE TERMINAL A CAREFUL MELLET CONTROL OF THE TERMINAL CONTROL OF THE TERMI
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
OF IN ILIPY
(APPROX.) Work At Work
22. I certify that (1) (this hospital) attended the deceased from January 13 1967 to Och 27 196
(0-10/-10
ond haur and from the causes stoted obove. (1) (\(\frac{\psi}{\psi}\)) (dld not) view the body ofter deoth.
23A, SIGNATURE
Thelewick & Vollesser Man Attending Med. Director Phys. 1 Cet 28,069
23C. PHYSICIAN'S
EDGDGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG
TREDERICIO V. VOLLINE INTERPRETA
4A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (St
PURTAL 10/20/60 LOURDON DARK PARKET MA
DUMIAL LUIGIIO LUUDUN FARK
BURIAL 10/29/69 LOUDON PARK BALTIMORE, MD.
BURIAL 10/29/69 LOUDON PARK 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS H.W. MEARS & SON 805 NEED TO BE T



NO

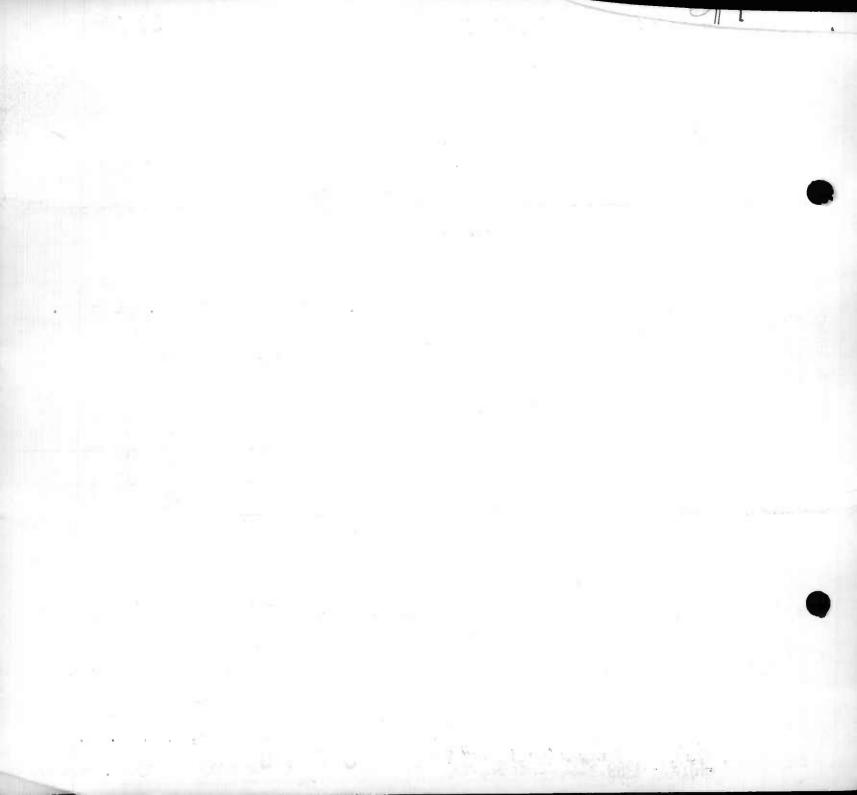
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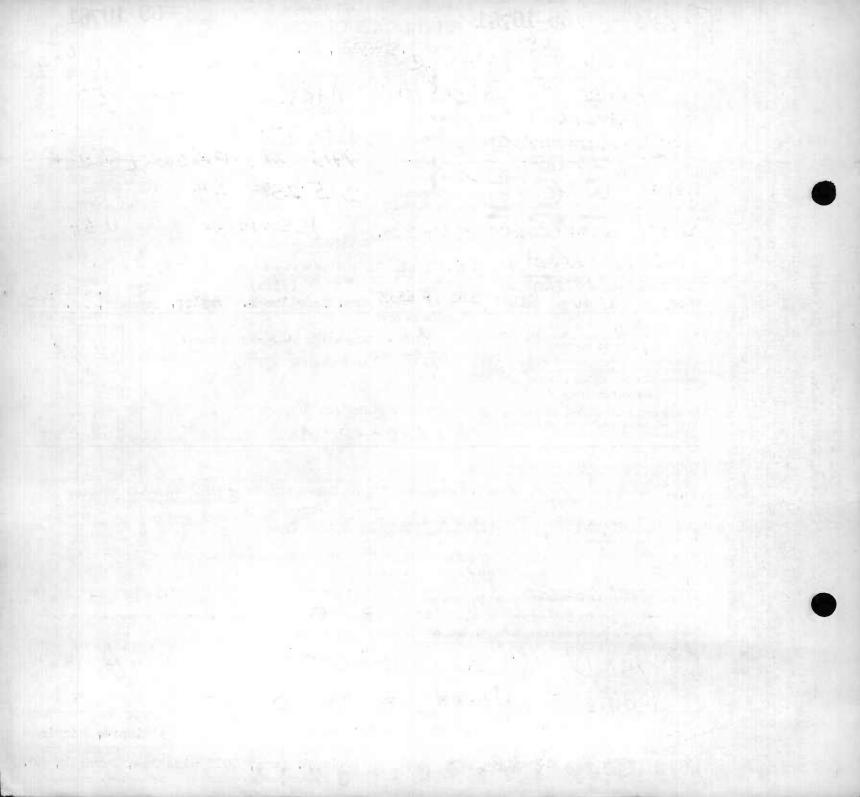
BETWEEN ONSET AND DEATH

IMPORTANT **DIRECTOR:**

VS 150-REV. 1/1/68



7 111 00 10		HEALTH DEPARTMENT	1 6	Q 10m04
1-646 69 10	761 CERTIFICA	TE OF DEATH	X REG. NO.	9 10761
1. NAME OF DECEASED (Type or Print) VERNON	Terron L. Tr	aylor, Sr 2. DATE AN	O 30 69	(45)
3. PLACE IN BALTIMORE, MARYLAND, WHERE			re deceased lived. If inst	itution: residence before admission
FULL NAME OF THE NOT IN HOSPITAL OR ADDRESS OR LOCATION)		MARYLA	- Baltimo	
Franklin Square Hosnit	Alfour	BALTIMO	ICL LD	YES NO D
6 Franklin Square Hospit		79/3 ST	BRIDGE	of LANE
WV -1- I hita	ARRIED NEVER MARRIED OWED DIVORCED	2/5/25	9. AGE (In years tost bightar)	off Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
tOA, USUAL OCCUPATION (Give kind of work 10B, K done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIR HPLA CE (State or fare	ign country)	12. CITIZEN OF WHAT COUNTRY
STERL WORKER BO	thlehem Steel Co.	KENT	ucky	U. 5A-
FRANK UERNON		14. MOTHER'S MAIDEN NAME OF THE PROPERTY OF TH	A LITTZ	6
15. Was Deceased Ever in U.S. Armed Forces? (Yes, na ar unknown) (If yes, give war ar dates of s.	1 6. SOCIAL	17. INFORMANT (Wife)		ADDRESS
YOS NAUY WILL	A AM IU CEEC	Mrs. Madeline H		913 St. Bridget La undalk, Md 21222
1B. 162.11	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL LEADING TO DEATH	BRONC	HOGENIC CAR	CINOMA	1.0
(This does not mean the made of dying	(A) IMMEDIATE CAL	SE A CONSEQUENCE OF:	~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~	77
heart failure, asthenia, etc. It means the d injury ar complication which caused death	isease,			
ANTECEDENT CAUSES	(9)			
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:		~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
rise to the above cause (A) statin UNDERLYING CONDITION last.	g the (c) PNR	MONIA		2 mon
11	(- / - · / - · · · · · · · · · · · · · ·			
OTHER 51GNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM				
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A)		120A AUTORSVa /Voc. o. N.	N 208 IF YES WERE EN	NDING CONCIDENT
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	D OF WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i hame, form, factory, street, of etc.)	n or about 21 C. WHERE DID INJURY OCCUR?	(If In Boltimore	City, give exact lacation)
21D.TIME (Month) (Doy) (Year) (Hou	1) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At At Wark	e 🔲	parameter.	
22. I certify that (1) (this heaptat) atte		man	1969 to O	C> 30 19 69
that (I) (we) lost sow the deceased alice		8 19 69 and th	not in (my) (per) opini	on deoth occurred on the dote
and hour ghd from the causes stated ob	ove. (I) (1) (did not) v			
23A SIGNATURE		. /		23B. DATE SIGNED
Mons C. V	DEGREE Phy	minding Med. Director	Staff Phys.	10/30/65
23C. PHYSICIAN'S NAME (Type)	0	23D. ADDRESS		
Louis O.	ULSEN DEGREE	914 D	55	2/2/9
REMOVAL (Specify) 248. DATE	24C. NAME of CEMETERY OF CRI			, tawn, or county) (State)
Burial 11/3/09	Holly Hill Memor			timore, Maryland
NOV 3 1989 Pale E 3	AME OF REGISTRAR	John J. Duda		ve. Dundalk, Md.
VS 150-REV. 1/1/6B		8746		



53-79-59-sab	V.	7-300) 69	10762		HEALTH DEPARTMENT	PEG NO	69\10762
and sed the	BIR	ITH NO.				TE OF DEATH	KEO. 140	or tolor
an ase th th		DE OF DECEA	SED	alter	R. Quade	2. DATE A	ND HOUR OF DEATH	
pital and of death Deceased te on the ath. Such	2	DI ACE IN BALTIA	HORE MARYLAND, WI	WA	LTER	4. USUAL RESIDENCE (Who	50/67	7.50 A M.
	3.	PEACE IN BACIL	NORE MARICAND	HERE PRONOL	SNCED DEAD	A. STATE B. COUI	NTY	1101
hos use (5) danc	HC	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	TION, GIVE STREET	Maryland c.CITY OR TOWN	In INIS	IDE CITY LIMITS?
	IIIN.	STITUTION	Baltimore C	ity Hos	nitale	Baltimore	0. 1143	YES NO
d in a ng ca cause attention to	1	3/	4940 Easter	n Avenu	breats	E. STREET AND NUMBER		
TO.= L .			Baltimore,			1708 Malver		21224
th occurre contribut etermined n regular sceased p	S. 5	No.	RACE		MEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
contribute regularies ma	104	// ale	Chite	WIDOWED OF	BUSINESS OR INDUSTRY	2/5/23	46	12. CITIZEN OF WHAT COUNTRY?
= . = .= 0	don	e during most of wo	rking life, even if retired)		BOSINESS OR INDOSER	Minnesota	ergii couriny/	
o o o o	1	FATHER'S NAME	- Chevrolet	Co.		14. MOTHER'S MAIDEN NA	AAE	U.S.A.
if d rect (4) U wa the ispos	11,5.	TAIRLE 3 NAME		Quade		THE MOTHER'S MAIDER NA		Campa
F	15	Was Deceased Fr	ver in U. S. Armed Force		1 6. SOCIAL	17. INFORMANT	Mari	tha Senne
TAN istan istan kind; kind; ce on nal d	(Ye	s, no or unknown) (t	f yes, give war ar dates	of service)	218-26-6179			
ORT assissiff the fire of the decided	I	18.44 / O	WWII		CAUSE OF DEAT	Records: BCH-4	940 Eastern	Avenue APPROXIMATE INTERVAL
P sis		7/0	OR CONDITION DIR	ECTLY	CAUSE OF DEAT		6.01	BETWEEN ONSET AND DEATH
or his Also and			ADING TO DEATH		(A)IMMEDIATE CAL	ISE MANNENAL	al infare	Ties
: L		(This daes not heart failure, as	meon the made af thenia, etc. It means	dying, e.g., the disease,	DUE TO, OR AS	A CONSEQUENCE OF	y y	
OR: 1 niner or iner. A racture o prono gular a			icalian which caused	death.)		<i>V</i>		
TT dam			ITECEDENT CAUSES		(B)	A CONSEQUENCE OF:	• • • • • • • • • • • • • • • • • • •	
REC exa 3) A 13) A 13 A			abave cause (A)		DUE TO, OK AS	A CONSEQUENCE OF:		
		UNDERLYING	CONDITION last,		(c)			
_ P.∪ E.is > u	z	OTHER SIGNIES	ANT CONDITIONS CON	ITDIRITTING				
RAI med med physian veren	ATION	TO THE DEATH	BUT NOT RELATED TO THE	IE TERMINAL				
The de de interest		19A. DATE OF C	PERATION 198. CONI	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED
Chy ch the second secon	CERTIFIC	21A ACCIDENT	WAS UNIDERLYING	23.8	BLACE OF INITIANA	YES	YES	
=======================================		OR CONTRIBUTE	WAS UNDERLYING DING CAUSE OF	hom etc.)	e, form, foctory, street, of	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exoct location)
>= 9 = Z =	MEDICAL	21 D. TIME	Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID IN	HURY OCCUR?	
ed b nosp atur (6)	ME	OF INJURY	Toolin (aboy)	Whi	ile A1 No1 Whil		or occur.	
_ 00.051				Wo		0/30/69	10	120/19
G = E 0 0		About (I) (was) It	na (1) (this haspital)) offended fi	10/20/6		19 10/0/	Inion death occurred on the date
of a of a like in the be		and have and d	ost saw the decease	a dahawa (l	Var Maid Vaid == V	view the body ofter deoth.		Tillon deoth occorred on the dote
ust be a eased to ident of hospital o death) must be		23A, STONALURE	d -	ed obdve. (I	/ (we) (did ilot) (new the body offer deoffi.	•	23B, DATE SIGNED
20.05		1/19	4 Dans	0 1	IA Phy	endingMed.	Staff Phys.	10/30/19
relace acci		23C. PHYSICIAN NAME (Typ	5		DEGREE	23D. ADDRESS		1.10/6/
certificate sody was r rs: (1) An a D.O.A. at a ased prior			J.R. Wands				ore City Hos	
A P D D D D	24/	A. BURIAL CREM.	ATION, 24B, DATE	24C. N	AME of CEMETERY OF CR	4940 Eastern At	LOCATION (C	City, town, or county) (Stote)
certifoody s: (1) D.O.		Burial	11/3/69	Mea	adowridge Memo	orial Park		Dorsey, Maryland
This certifue body shows: (1 was D.O deceased	25/	A. DATE REC'D B			OF REGISTRAR	John J. Duda	OR 7022 1/4 ==	ADDRESS
### 3 P 3	-	ONS TO	BY OBLACE	STATE OF THE PARTY	May ()	J. Sur A. Phoa	1722 WISE	Ave. Dundalk, Md.
	VS	150-REV. 1/1/68					-	

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25/23

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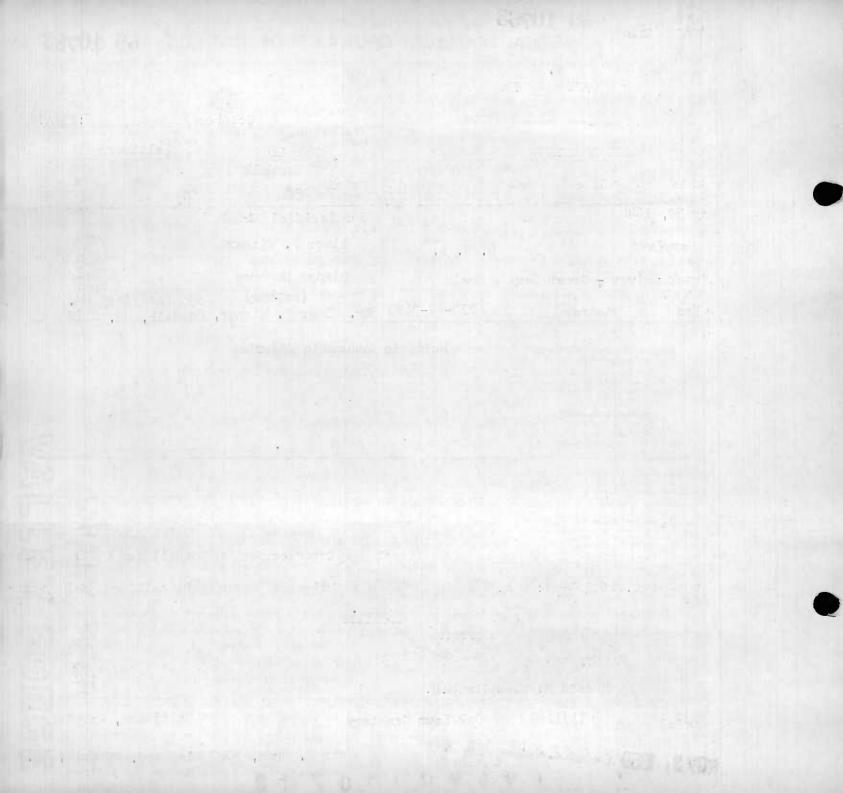
AL W. AND C. PARTITION OF

The second secon

,以为我们是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们

W-256	69 10763 BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	69 1

M- 25	ME	DICAL	L EX	AMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	69	10763
I. NAME OF DEC	CEASED A				2. DATE	v	Month	D	Yeor	Hour
(Type or Print)	GEORGE	WISNE	D		OF	Known L	Month	Day	Teor	Mour
4 DIACE IN RAI	TIMORE, MARYLAND,			NICED DEAD	3. DATE	Laminoted [Month	Doy	Yeor	Hour M.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSP ADDRESS OR LOG	ITAL OR INS			PRONOL	INCED DEAD	Octobe	er 29,19	969	2:25 A.M.
31	CITY HOSPIT	AL			A. STATE	Marylan	d	B. COUNTY	ltimor	e 5300
6. SEX	7. RACE	8. MARI	RIED 🔼	NEVER MARRIED	C. CITY OR	TOWNDunda	lk	D. INSIDE C	ITY LIMITS?	
Male	White	WIDOV	WED 🗌	DIVORCED	Balt:			Y	ES -	NO 🔼
9. DATE OF BIRT	H 10. AGE	(In years	If Unde	r 1 Yr. If Under 24 Hrs.		ND NUMBER				
May 30, 1		25		Doys Hours Min.		Larkfield	Road			
Maryla	State or foreign country))	WH	AT COUNTRY?	13. FATHER	mer F. Wi	.sner			
14A.USUAL OCCL	JPATION (Give kind of wo	rk 14B. KINI	D OF BU	SINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	ME			
Truck Dr	working life, even if retired 'IVOR - Crown	n Cork				adys Hemb				
16. WAS DECEAS (Yes, no or unknown Yes	ed EVER IN U.S. ARM (if yes, give wor or dote Vietnam	ED FORCE	S? 17	212-42-3673		MANI (Fathe		535 La	PRITIE	d Rd.
19. 5	1212			CAUSE OF DEA	TH	lmer F. W	TSHEF.	Dundal	A	PPROXIMATE INTERVAL
DISEAS	E OR CONDITION DIF	RECTLY		Multiple	Trauma	tic Inju	ries			
	LEADING TO DEATH not mean the mode of e, osthenio, etc. It means t			(A) IMMEDIATE O	AS A CONSEO	UENCE OF:				, , , , , , , , , , , , , , , , , , ,
	mplication which caused o								Jul 10	
DISEASES RISE TO TH UNDERLY!	NTECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST	TATING THE	Ē	(B)(DUE TO, OR	AS A CONSE	QUENCE OF:				
O THE DE	II NIFICANT CONDITIONS ATH BUT NOT RELATED TO R CONDITION GIVEN IN	TO THE TERM	MINAL	***************************************						
20A. DATE O	F OPERATION 208. C	ONDITION	FOR WI	HICH OPERATION W	AS PERFORN	ED			21. AUTO	OPSY? (Yes or No)
₹ 22A. FXTER	NAL CAUSE WAS		1228 01 /	CE OF INITIDATE	in as should	2C WHERE DID	All in Dalsima	sa Ciliu siya su	ye ye	es .
UNDERLYING UTING CA 22D. TIME OF INJURY	GIOR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Yo	ear) (Hou	ur) 22E.	ACE OF INJURY(e.g., orm, foctory, street, offic Stree INJURY OCCURRED LE AT NOT	wure	Intersect	ion, O	Donnell	and (Oldham Stree
23.										d with tract trailer to
	tify that I held on				topsy X	and that on				
resul	ted from: Natural co	ouses	Acc	ident K Suicio	de 📙 Ho	omicide 🗌	Undetermi	ned manner		
ACTUAL		1 M	9 /	blue	ASSI	CHIEF MEDICAL		₩		DATE SIGNED
SIGNAT EXAMIN NAME (IER'S Dono 1.1	N. Kor	rnb1u	.m.M.D.		CIATE MEDICAL	EXAMINER		10/2	29/69
24A. BURIAL CRE REMOVAL (Spec Burial	MATION, 24B. DATE		24C.	NAME of CEMETERY ak Lawn Com		DRY 24D	LOCATION		more,	(Stote) Maryland
	BY HEALTH DEPT.	25B	VAME O	REGISTRAR		FUNERAL DIRECT			ADDRESS	undalk, Md.
NUV3 E	303 400	1 6	- /	0 0 0	0 0	2 1 7	1			,



	Y HEALTH DEPARTMENT
69 10764 CERTIFICA	ATE OF DEATH REG. NO. 69 10764
I.NAME OF DECEASED Elizabeth Golebiewski	2 DATE AND HOUR OF DEATH
(Type or Print) ELPZABETH GOLFBEWSKI	10/29/69 4 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
JOHNS HOPKINS HOSPITAL	Baltimore YES X NO
JOHOS HOPPINS NOSTITUTE	E. STREET AND NUMBER
3 Johns Hopkins Hospital	1106 S. Curley Street
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
Female White WIDOWED DIVORCED	6/27/98 71
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
lone during most of working life, even if refired) Retired - Grocery Store Owner	Poland U. S. A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Budny	?
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT 1106 S. Curley 09 tss
No 217-01-1072	Mr. Ben Kupnicki, Baltimore, Md. 21224
DISEASES OR CONDITIONS, if ony, giving rise in the above cause (A) stating the UNDERLYING CONDITIONS to the result of the result of the result of the Death But not related to the result of the Death But not related to the result of the Death But not related to the result of the Death But not related to the result of the Death But not related to the result of the Death But not related to the result of the Death But not related to the result of the Death But not related to the result of the Death But not related to the result of the Death But not related to the result of the Death But not related to the result of the Death But not related to the result of the Death But not related to the result of the Death But not related to the result of the Death But not related to the result of the Death But not related to the Death But not not related to the Death But not related to the	USE CARDIO RESPIRATORY ARREST S A CONSEQUENCE OF: SHD ANOXIA S A CONSEQUENCE OF: ABLE METASTATIC BREAST CO. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., hame, form, foctory, street, cetc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not Whi	
WOIK AT WOIK	
22. I certify that (1) (this haspital) attended the deceosed fram	
that (I) (we) last saw the deceased alive on 10/29	19. 6.9ond that in(my) (aur) apinian death accurred on the date
and hour and fram the couses stated abave (1) (We) (did (did not)	
23A. SIGNATURE	238, DATE SIGNED
Rolly Le Fronzo GEGREE Phy	rending Med. Shoff Director Shoff Phys. Director Phys. Director Phys. Director Direc
23C. PHYSICIAN'S NAME (Type) MD	23D. ADDRESS MP.
OBIOH DEEPNISO	TOHALS HORY PAIS HOSPITAL STIT
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	
Burial 10/31/69 St. Stanislaus C	Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	John J. Duda 2829 Hudson St. Balto.
Ve 1/0 05V 1/1/40	11 3 / 4 /

ICENS HOPFING HESPITAL

CARDIO RESPIRATORY ARREST

ASHD, MUDATA

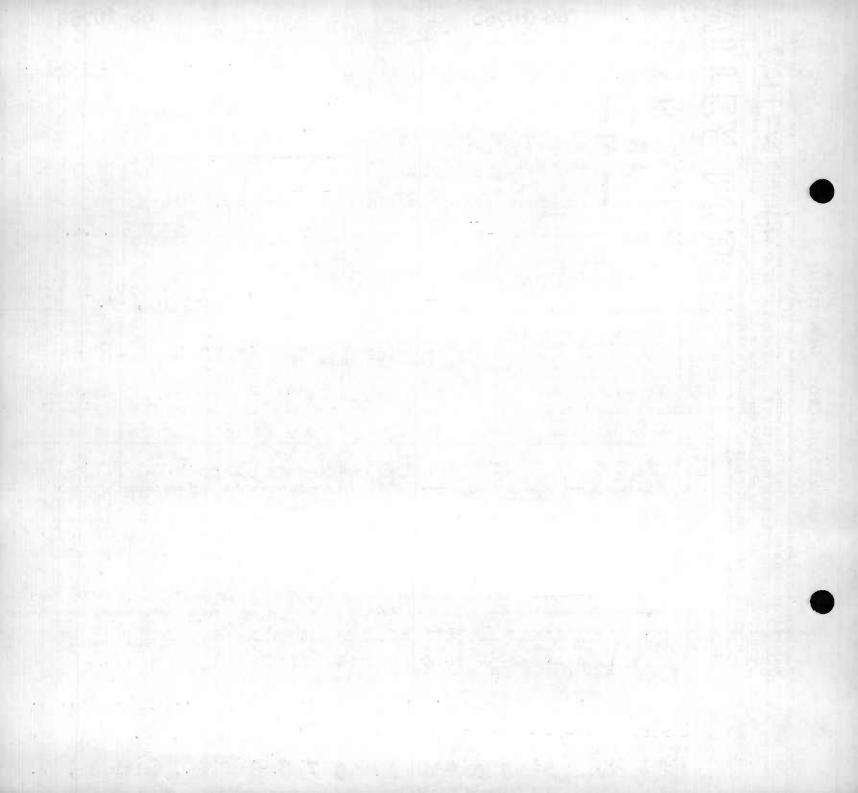
PROBBILLE MICTARDAY C BROKE CO.

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RALPH DEFRONDED TOHNS HORK PUS HOSPITAL, LO

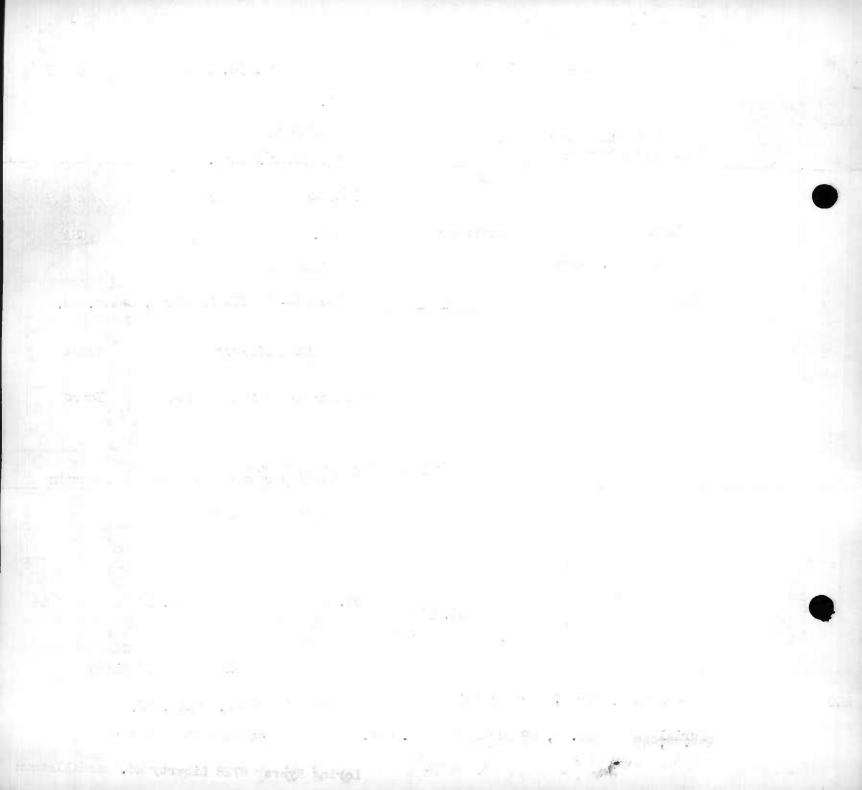
Polyl letungo

M 1/1	1 00	1000	BALTIMORE CITY	HEALTH DEPARTMENT		CO 40-05
11-46	0 69	10765	CERTIFICA	TE OF DEATH	REG. NO	69 10765
BIRTH NO.	TA CED		OLK THICK		NE HOUS OF BEATH	
(Type or Print)		TTTD			AND HOUR OF DEATH	00 1 2 2
2 BLACE IN BAL	DIAMOND MI		NCED DEAD	UCTO	ber 30, 19	59 12.05 p. M. stitution; residence befare odmission)
S. PLACE IN BAL	TIMORE MARILAND, W	HEKE PKONOU	NCED DEAD	A. STATE B. COU	INTY	1
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITU	TION, GIVE STREET	Maryland		2644
HOSPITAL OR	ADDRESS OR LOCA	IION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
100				Baltimore		YES NO NO
33 John	s Hopkins H	ospita:	1	E. STREET AND NUMBER		
	-			6006 Morav	ria Park Dr	
5. SEX		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Female	White	WIDOWED	DIVORCED	11-14-20	48	
		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	warking life, even if retired)		1000	Cmaaaa		77 0 4
HOUSEW	nife			Greece 14. MOTHER'S MAIDEN NA	A AA F	U.S.A.
George.	Boulles			Argiro Laz	OS	
15. Was Deceased	Ever in U. S. Armed Ford (If yes, give wor or dates	es?	6. SOCIAL SECURITY NO.	17. INFORMANT	0000	ADDRESS
No			-	preae Willel	Baltimor	avia Park Drive
18.) ZL V	CAUSE OF DEAT		Dalumoi	APPROXIMATE INTERVAL
0.1	SE OR CONDITION DIR	FCTI V				BETWEEN ONSET AND DEATH
DISEA	LEADING TO DEATH	ECILI		Cartias	Parlune	5 . *
	not mean the made of		DUE TO OR AS	ISE Cardiae A CONSEQUENCE OF: (4	
	asthenia, etc. It means				V	
	ANTECEDENT CAUSES		0.0	emste les	t dissairs.	75.
			(B) DUE TO, OR AS	A CONSTOURNES OF	of tootstart.	33 /31
	OR CONDITIONS, if a abave cause (A)		DUE 10, OR AS	A CONSEQUENCE OF:		
	G CONDITION last.		(c)			
	11					
O OTHER SIGNII	FICANT CONDITIONS CON		V. t.t.	tic carcinoma	of breat	9 m
	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART		maria			1-2
	F OPERATION 198. CONI	DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or h	IN CERTIFYING CA	FINDINGS CONSIDERED
19A. DATE OF	WA3 1 EKI	ORIVIED		hr	GERMI MING GA	Jacob Death.
U 21A. ACCIDE	NT WAS UNDERLYING TO	21 B. I	PLACE OF INJURY (e.g.,	n ar about 21C. WHERE DID	(If in Baltimor	e City, give exoct lacation)
▼ DEATH (natify	medical examiner)	etc.)	, lam, lacialy, sheet, o	mee blogs, mooki occok.		
21 D. TIME	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
S OF INJURY		While				
(APPROX.)		Wark				
22. I certify	that (1) (this hospital)	attended the	e deceased fram	5/27	19 3 to	10/30 1969
that (I) (we	Flast saw the decease	d alive an	2/1	0 19.65 and 1	that in (my) (asse) api	nian death accurred an the date
and haur an	d from the causes state	ed abave. (1)	(Wat (did) (did not)	riew the bady after death		
23A. SIGNATI			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			23B, DATE SIGNED
0	1 marcale	7- 1-	m D Ath	mding Med.	Staff	10/31/69
evy	a. Variation	1	GEOREE	s. Director L	Phys. L.	10169
PHYSTCIA NAME (1	Type)					
Geo	orge W. Murg	atroyd	, M. D. DEGREE	1201 N. Cal	vert St., E	Baltimore, Md.
24A. BURIAL CRE		24C. NA	ME of CEMETERY OF CR	EMATORY 24D.	LOCATION (Ci	ty, tawn, ar caunty) (State)
Buria		9 Oak	Lawn Cemet	arv	altimore, I	1d.
2SA, DATE REC'D		258. NAME OF		25C. FUNERAL DIRECTO	OR	ADDRESS
MUN 3	1960 6.0.0	E Jack	m - do 1	Nicholas I	Matthews	
4013	1303 Uwger	- Across	3 4 5 1	I SUZZ HAST	ern Ave., F	Baltimore, Md.
VS 150-REV. 1/1/	08					



RGB

150-REV. 1/1/68



4-30	3 / 7	DICAL F	BALTIMORE CITY HE			DEAT	н	69	4 Omo	177
BIRTH NO.	7412		.AAMII 1ER O C	Smill III	CAIL OI	ואכועו	REG. NO	00	Tn/2	-
I. NAME OF I (Type or Print)	CONDO	N LETT		2. DATE OF	Known 🔀	Month	ber 29,	Yeor 1969	Hour 8:38	D
4. PLACE IN	SALTIMORE, MARYLAND,	WHERE PRON	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	1 M.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU		INCED DEAD		ber 29,		8:38		
22				A. STATE	SIDENCE (Where		ved. If Institution: B. COUNTY	residence b	elore odmissi	on
13	Johns Hopkin				Maryland				70	Z
6. SEX	7. RACE	B. MARRIED	☐ NEVER MARRIED ☐	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?		
Male	Negro	WIDOWED			Baltimor	e	YE	s X	NO 🗌	
9. DATE OF B	RTH 10. AGE lost birtho		Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.	E. STREET A	ND NUMBER					
APril 7	1913 5	6			1309 Wil	cox St	reet			
11. BIRTHPLAC	(State or foreign country)	12.	CITIZEN OF	13. FATHER	SNAME		1	_		17.00
MONR	OE ALABAI	MA	WHAT COUNTRY?	Hib.	bert	1	ETI			
	CUPATION (Give kind of wor of working life, even if retired		F BUSINESS OR INDUSTRY	15. MOTHE	S MAIDEN NA	ME				
1 .	BORE &	IN	DUSTRY	VI	RNFR	To	HNSE	CAG		
16. WAS DECE	ASED EVER IN U.S. ARMI	ED FORCES?	17. SOCIAL	IB. INFORM	, c, c, c	0.0		DRESS		
(Yes, no or unkno	wn) (If yes, give wor or date	s of service)	SECURITY NO. 508-16-098	WARY	(URTI	-	904	17 1	DEN	57
19.	3111		CAUSE OF DEA		Cari	3	10/	AP	PROXIMATE INT	
1	601							BETW	EEN ONSET AN	D DEATH
DISE	ASE OR CONDITION DIR	ECTLY		C	-1	1 . C L	1-			
(This doe	LEADING TO DEATH s not mean the made of a	dvina e.a			shot woun	d or b	ack			**********
heart fail	ure, osthenio, etc. It meons t complication which coused d	he diseose,	DUE 10, OK	AS A CONSEQ	UENCE OF:					
injury or	complication which coused a	eom.)								
	ANTECEDENT CAUSES		(B)					30		
DISEASE	S OR CONDITIONS, IF AT	NY, GIVING	(B)DUE TO, OR	AS A CONSE	UENCE OF:					
I UNDERI	YING CONDITION LAST.	AIING INE	(0)							
6			(C)							
OTHER S	II GNIFICANT CONDITIONS (CONTRIBUTING	G							
O THE	DEATH BUT NOT RELATED T OR CONDITION GIVEN IN									
			R WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or	No)
52/									es	
₹ 22A. EX	ERNAL CAUSE WAS	1228	PLACE OF INJURY(e.g.,	in as about 2	C WHERE DID	(If in Rollimo	Clty sive ever			
UNDERIV	NG OR CONTRIB-	hon	ne, form, foctory, street, offic	e bldg., etc.)	JURY OCCUR?				100	2
	CAUSE OF DEATH.		street		Madison			anu	,00	
OF INJURY			22E.INJURY OCCURRED		2F. HOW DID IN					
	10-29-69 7:	15 P. _{m.}	WHILE AT NOT	WHILE A	Shot by	unknow	m assai.	Lant		
23.				-						
le	ertify that I held on	Inquiry [_]	Inspection Au	topsy X	ond that on the	his bosis,	deoth in my	opinion		
res	ulted from: Notural co	uses 🖵 .	Accident Sujcio	le Ho	micide X	Undetermi	ned monner			
	/ 1/	0	1. 4		HIEF MEDICAL I	XAMINER			DATE CION	
ACTU		100	716 40	ASSI	STANT MEDICAL	XAMINER	K		DATE SIGN	ED
	INER'S Charles		M.D		CIATE MEDICAL E		□ 0at	. h	0 106	0
	(Type) Charles	S. Spri	ingate, M.D.	7330	CIAIL MEDICAL		0000	ober 3	0, 196	9
24A. BURIAL-C	REMATION, 24B. DATE	2	AC. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town,	, or county	(Stote	-)
REMOVAL (SI	- 1 1 1 1	2 1616	12-011-1	20 mm	30 - 3	wint	:	11	4 172	- 1
KEMO	UAL WOU.	1767	NEW HOPE IT M	E. 610	UCEM	00	orn.	14/1	415 AM	14
ZSA. DATE REC	D BY HEALIH DEPI.	25B. NAW	E OF REGISTRAR	25C.	UNERAL DIRECT		/	DDRESS 4/2	5. Pre	stoi
NOV 3	1969 Oaber	- Janber	ALD C	- LA	LUID B	SCRL	1665		STree	+
VS 151-REV. 1/1	/6B N 87/		2 7 U	16	1 3 6					

7-655 69 10768 BALTIMORE CITY HEALTH DEPARTMENT

	M	EDICAL E	XAMINER'S	CERTIFICATE	OF DEA	H REG. NO	69 1	1768			
BIRTH NO.								7700			
1. NAME OF DE (Type or Print)				2. DATE Known	Month .	Day	Year Hau	r			
LEU FREEMAN				DEATH Estimate 3. DATE	d 🗌			М.			
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				Manth	Day	Year Hau				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				PRONOUNCED DEA	Octob	er 28,196	9 '12	:45 P.M.			
OR INSTITUTION				5. USUAL RESIDENCE	(Where deceased		residence before	admission)			
00 154	47 Mytrle A	venue		A. STATE Maryla	ind	B. COUNTY	140:	2.			
6. SEX	7. RACE		NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS?				
Male	Nogra	WIDOWED		Baltimore		WE.	ПГ	7			
9. DATE OF BIR	Negro		DIVORCED Inder 1 Yr. If Under 24 Hrs.			YES	S NO L				
. DAIL OF DIK		rthday) Mon	ths Days Haurs Min.								
N. BIRYUDI ACE	(6	60	CITIZENIOS	1547 Mytrle	Avenue						
	(State or fareign count		WHAT COUNTRY?								
	yland		0 0 11	Willia							
dane during most of	UPATION (Give kind of warking life, even if reti	wark 148. KIND OF	BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDER	NAME						
Labo	rer life, even if reti	me on	r.	Mary							
16. WAS DECEA	SED EVER IN U.S. AR	MED FORCES?	17. SOCIAL SECURITY NO.	18. INFORMANT		AD	DRESS	7			
(res, na ar unknawi	n)(if yes, give war ar a	idles of service)	SECORITINO.	Mrs Ann	a Freem	an . 71	6 Myrt.1	e AVe			
19.	21/		CAUSE OF DEA				APPROXIM	AATE INTERVAL			
7/	051 7							NSET AND DEATH			
DISEA	DISEASE OR CONDITION DIRECTLY Arteriosclerotic Cardiovascular Disease										
(This does	LEADING TO DEATH (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:										
heart failur	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)										
injury ar ca	injury ar camplication which caused death.)										
A	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:										
DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF	:						
UNDERLY	HE ABOVE CAUSE (A)	STATING THE									
Z Z			(C)								
OTUED SIC	II III	IS CONTRIBILITING									
TO THE DE	NIFICANT CONDITION	D TO THE TERMINAL									
DISEASE O	R CONDITION GIVEN			1.C. Dept = 0.1150			In: Auroneva	/V N-\			
OTHER SIG TO THE DE DISEASE O	OF OPERATION 208.	CONDITION FOR	WHICH OPERATION W	AS PERFORMED			21. AUTOPSY?	(res ar Na)			
20							no				
	RNAL CAUSE WAS	22B.	PLACE OF INJURY (e.g.	, in ar about 22C. WHERE ce bldg., etc.) INJURY OC	DID (If in Baltim	are City, give exac	t location)				
- OLADEKETINA	G∏OR CONTRIB- AUSE OF DEATH.	Iron	e, lattii, laciai y, sileei, alii	ce bidg., etc.) IIVJOKI OC	COR						
≥ 22D. TIME		(Year) (Haur) 2	2E.INJURY OCCURRED	22F. HOW D	DID INJURY OC	CUR?					
OF INJURY (APPROX.)				T WHILE							
23.			WORK LAT	WORK L							
	rtify that I held on	Inquiry [Inspection X Au	utopsy and tho	t on this bosis	s, deoth in my	opinion				
					7	-	7				
resu	Ited from: Notural	couses X A	ccident Suici			nined monner L	_				
	. / /	111/	/ 11		ICAL EXAMINER		DATE	SIGNED			
SIGNA		ed VIV	and M.I	D. ASSISTANT MED	DICAL EXAMINER	X					
EXAMI		,		ASSOCIATE MED	ICAL EXAMINER		10/29/69)			
NAME		N. Kornb	lum, M.D.								
24A. BURIAL CRI	EMATION, 248. DA		C. NAME of CEMETERY	or CREMATORY	24D. LOCATIO	N (City, tawn	, ar caunty)	(State)			
REMOVAL (Spe	7 77	15/60	3/4 A								
Buria	T TT	/5/69	Mt Aubur		Balt	imore	DDRESS				
ZSA. DATE REC'I	D BY HEALTH DEPT.	Berg 25B. HAM	OF REGITRAR	25C. FUNERAL D	TRECTOR	AL)DAC33				
NUV 3	2 1303 AM	Sefe -	4	Adolp	hus Hal	stead 1	206 W	north			
VS 151-REV. 1/1/6		7 9	5 9 0 3	0 8 7 5	3						
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of death

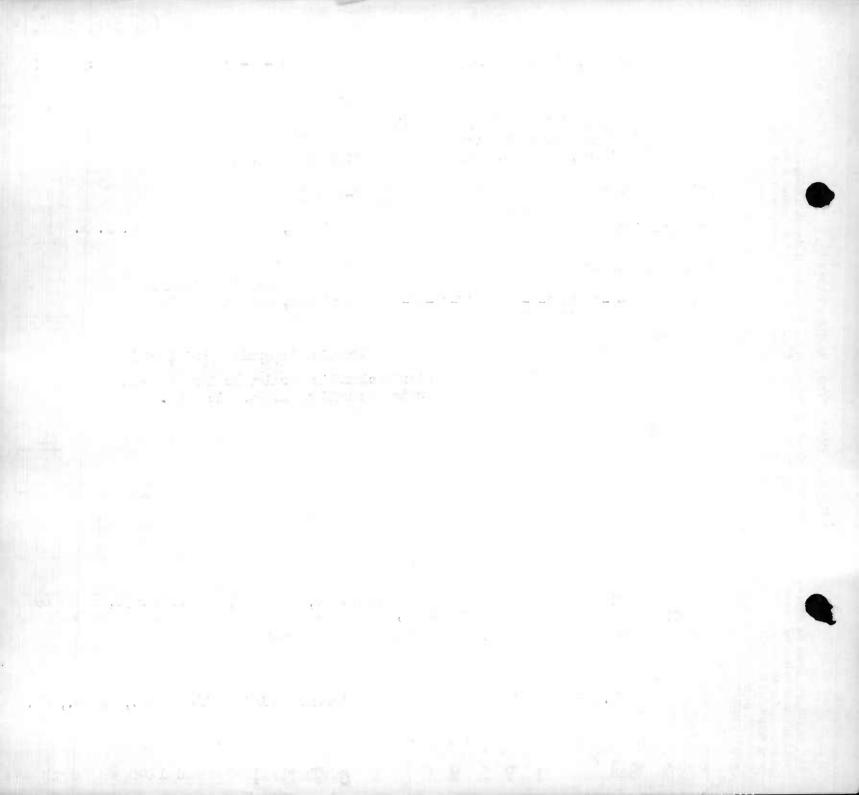
death.

1	2	53	69	1076	0	BALTIMORE CITY	HEALTH D	EPARTMEI	NT		0.0
	IRTH NO.		00	10/9	3	CERTIFICA	TE OF	DEAT	Ή	REG. NO	69 1
(T	NAME OF D ype or Print)	STANTON						10	0-30-69		- 1
3.	PLACE IN B	ALTIMORE, MAI	RYLAND, W	HERE PRONO	UNCEL	DEAD	4. USUAL A. STATE	RESIDENCE B.	(Where deco	eased lived. If	institution: resi
H.M.	ULL NAME OF OSPITAL OR OSPITAL OR OSPITAL OR	Veterans 3900 Loc Baltimor	Admir h Rave	nistrati en Boule	on Var	ď	Martic. CITY OR Balti	and TOWN More			YES [
	SEX [a] e	6. RACE Negro			X NE	A EW HOWKIED	8. DATE OF		9. AG	E (In years	Il Under 1 Manths: D
			kind of work	MIDOMED	BUISIN	DIVORCED	8-26		4	6	
do	ne during most	of working life, ever	n if retired)	IN KIND OF	BOSIL	ESS OK INDUSTRY	11. BIRTHPL			•	12. CITIZE
	FATHER'S N								Maryla	ind	U.
S	ylveste	r Stanto	n				14. MOTHE	Machl			
15. (Ye	es	d Ever in U. S. m) (II yes, give v 3-9-43	Armed Forewar or dole:	s of service) 4-46	16. SC SE 217.	CURITY NO. -18-54-99				al Reco	
THICATION	(This does heart failure injury or considerable of the considerabl	ASE OR CONDILEADING TO not mean the asihenia, etc., implication which which will be a simple obave condition of the condition	DEATH made of it means the caused CAUSES DNS, if a use (A) I last, IONS CON ATED TO THE	dying, e.g., the disease, deoth.) any, giving staling the ITRIBUTING E TERMINAL 1 (A).		DUE TO, OR AS	seChioni CONSEQUE Cleroti acerati	ons of	Gastr	cular Di	sease.
TE	2		WAS PERF	DRMED			20 MO 10	21313 (142)	IN C	ERTIFYING CA	FINDINGS CO

If Under 24 Hrs. OF WHAT COUNTRY? 5. A. DDRESS APPROXIMATE INTERVAL WEEN ONSET AND GEATH NSIDERED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, affice bldg, INJURY OCCUR? (If In Baltimare City, give exact location) MEDICAL DEATH (notify medical examined 21D. TIME OF INJURY (Day) (Houd) (Yeor) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) 22. I certify that (M) (this hospital) attended the deceased from October 27 19 69 to October 30. that D((we) lost sow the deceased alive on October and that in my) (aur) apinion death accurred on the date and haur and from the causes stated above. (N (We) (did) (CONDEX view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending | Med. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS JAVAID SHAFI Veterans Administration Hosp., Balto., Md. 24A- BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) BURTAI emetry Baltimore AdoTphus AHalstead 1206 North

8:30

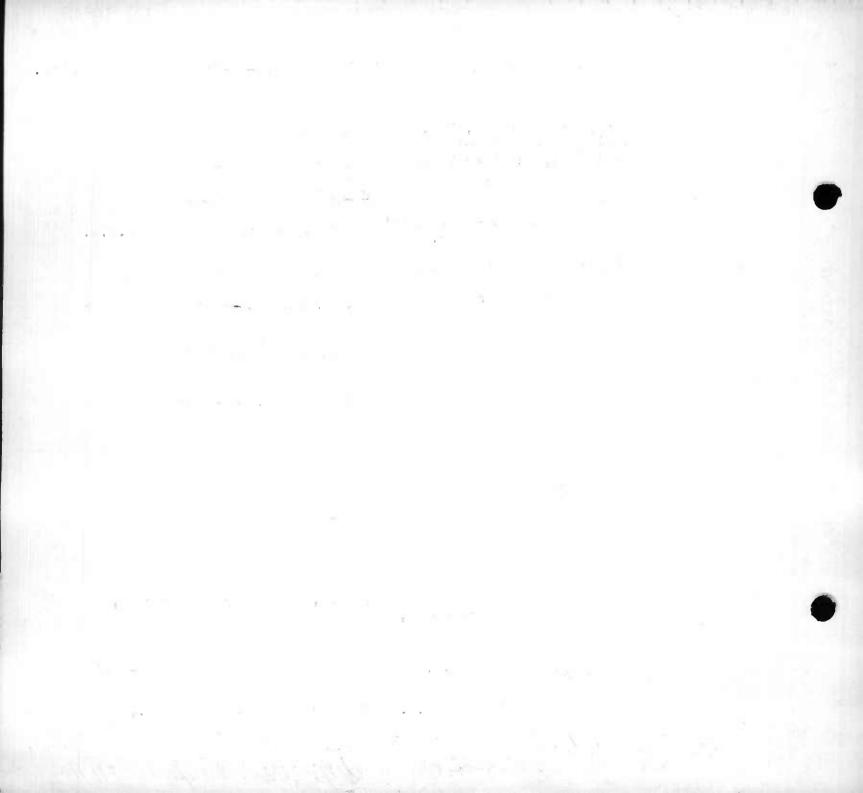
NO



IMPORTANT

FUNERAL DIRECTOR:

00 40mm0	BALTIMORE CITY	HEALTH DEPARTMENT		69 10770
BIRTH NO. 69 10//0	CERTIFICA	TE OF DEATH	REG. NO	20/10
1. NAME OF DECEASED	() (-		ND HOUR OF DEATH	
Charles Glen H		MM)	0-29-69	10:30 a. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL KESIDENCE (Wh	ere deceased lived. If ins	stilution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	Maryland c. City or town		1607
Provident Hospital			D. INSI	DE CITY LIMITS?
39 1514 Division Street	at.	Baltimore E. STREET AND NUMBER		YES X NO
Baltimore, Maryland		3233 Normount	Avenue	
	IEVER MARRIED	8. DATE OF BIRTH	% AGE Un veors	II Under 1 Yr. II Under 24 His.
Male Negro WIDOWED	DIVORCED	5-5-07	last birthdoy	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUS	INESS OR INDUSTRY	11. SIRTHPLACE (Stole or for	eign country)	12. CITIZEN OF WHAT COUNTRY
done during mast of working life, even if relired) Retired-	Brickford	North Carol	ina	U.S.A.
13. FATHER'S NAME	Inc.	14. MOTHER'S MAIDEN NA	ME	0.5.2.
Charles Has	nm	anna 1	1. 110	
	SOCIAL	17. INFORMANT	MARGORE	ADDRESS
	SECURITY NO.	Mrs. Lucille	Ham ≛ Wife	SAME
18, 5 9 0 . / 1	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0 4 .		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	se Renal t	areuse	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	CONSEQUENCE OF:		Jennesses
injury or complication which caused death.)	,	se <u>fenal t</u> a consequence of: Pyelone	about	
ANTECEDENT CAUSES	(B)	ryecowe	penvious.	
DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)		************************	***************************************
z 11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING F TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A-DATE OP OPERATION 199E CONDITION FOR WHICE WAS PERFORMED	H OPERATION	20A. AUTOPSY? (Yes or N	all 208 IE vee Went el	NDINGS CONSIDERS
WAS PERFORMED		44	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
	E OF INJURY (e.g., in	or about 21C. WHERE DID	(If In Baltimare	City, give exoci location)
S IDEATH (notify medical examine) lets.)	m, factory, street, off	ice bldg., INJURY OCCUR?	••••	
O 21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJU	IRY OCCURRED	21F. HOW DID IN	URY OCCUR?	
OF INJURY (APPROX.) While At Work	Not While			
22. I certify that (i) (this hospital) attended the de			19 69 10 Octob	per 20 10 60
that (i) (we) lost saw the deceased alive on Oct		60		Ion death occurred on the date
ond hour and from the causes stated above. (1) (We			intiny, tool, opin	on death occorted on the date
23A. SIGNATURE		on the body diter deaths		23 B, DATE SIGNED
Thurs Or	M . D . Atten	ding Med.	Staff Phys.	10-29-69
23C. PHYSICIAN'S NAME (Type)	GEGREE 2	3D. ADDRESS	rnys.	
GITENGO	OMP	1814 Di	Charact 22.2	A
24A. BURIAL CREMATION, 124B. DATE / 124C. NAME		1514 Division MATORY 240. L		to. Maryland (Stote)
REMOVAL (Specify)	Mush	un B	1000-	- omy
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF RE	STRAR	25C, FUNERAL DIRECTOR	weight	ADDRESS
MAR 2 1202 Odern E. Ger	Ser (Ba)	delicators	S. Millia	1727 Mensa



IMPORTANT

DIRECTOR:

FUNERAL

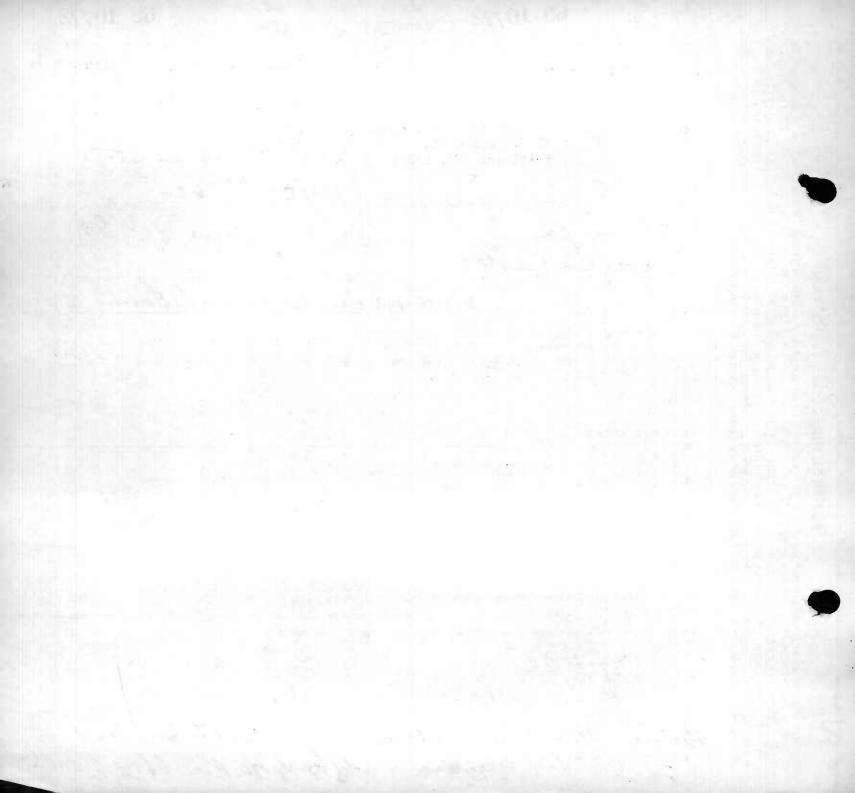


IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

nstitution: residence before admission) D. INSIDE CITY LIMITS! NO If Under 24 Hrs. If Under 1 Yr. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) .19 ond that in (my) (our) opinion death accurred on the date (City, town,

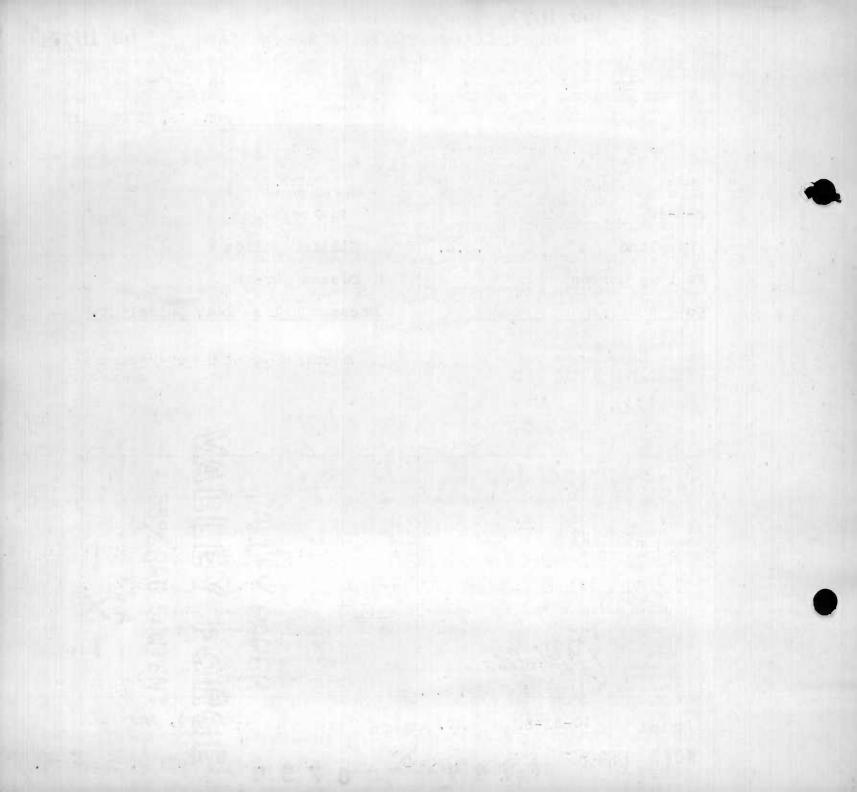
11:00



VS 151-REV. 1/1/68

Letter from Dr.Springate dated 11/11/69

C 435 69 10774 BALTIMORE CITY HEALTH DEPARTMENT	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGING 69	10774
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) 2. DATE Known X Month Day Year (Type or Print)	Hour
MILTON E. CHILDS OF DEATH Estimoled 10 25 69	8:54 pm.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) PRONOUNCED DEAD Oct. 25, 1969	8:54 D M
OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence b A. STATE B. COUNTY	
South Balto. General Hospital Maryland 6. SEX 7. RACE B. MARDIED NEVER MARDIED WILC. CITY OR TOWN D. INSIDE CITY LIMITS?	13
MARKIED NEVER MARKIED A	
	10 📙
9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 6-6-49 10. AGE (In years lost birthdoy) 20 11. AGE (In years lost birthdoy) 20 2447 Maisel Ct.	
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF 13. FATHER'S NAME	
WHAT COUNTRY?	
Maryland U.S.A. WILLIAM Childs 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)	
Factory Worker Odessa Carson	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS	
No Odessa Childs 2447 Maisel Ct	
	ROXIMATE INTERVAL EN ONSET AND DEATH
(This does not meen the mode of dying, e.g., heart failure, osthenio, etc. It meens the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	n
OF THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOR	m di di 0 000 0 m 10 0 m 10 0 m 10 0 0 0 di pr m 10 1
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOF	SY? (Yes or No)
O Q / YE	S
222. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH. 222. PLACE OF INJURY (e.g., in or obout NOT WHILE AT WORK 222. WHERE DID (If in Boltimore City, give exoct locotion) 222. WHERE DID (If in Boltimore City, give exoct locotion) 100 UTING COUR? 100 UTING COURS 100 UTING	
(APPROX.) 10 25 69 8:30p WORK Subject, during altercation	n, was snot
I certify that I held on Inquiry Inspection Autopsy XX and that on this basis, death in my opinion resulted from: Natural couses Accident Suicide Homicide X Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER XX ASSOCIATE MEDICAL EXAMINER	DATE SIGNED
NAME (Type) Isidore Mihalakis, M.D. 10/26/	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	69
MT. Allhum	(Stote)
	(Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS NOV 3 1969 Calle & Falle M.D. Charles A. Rice 661 W. Ba	(Stote)

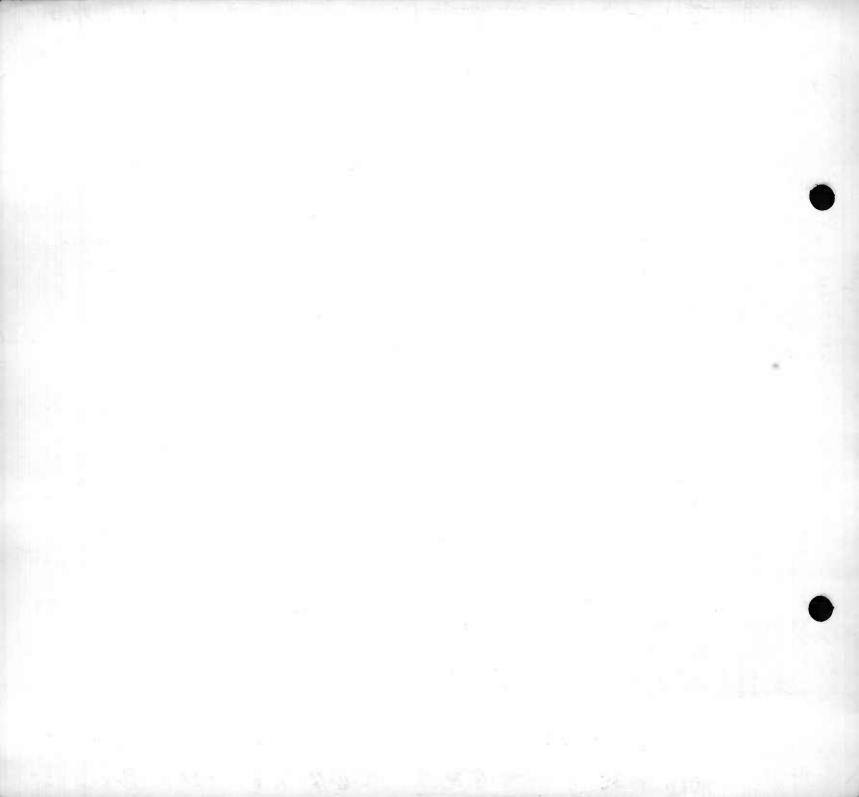


	3-514 69 11	0775 CERTIFICA	HEALTH DEPARTMENT	REG. No	69 10775
BII	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	00 10/10
	THE OF DECEMBED		2. DATE AN	ID HOUR OF DEATH	
,	pe of Print Ronnie Gamb	<	10-	30-69	18:20 P
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. COUN	re deceosed lived. If inst	titution: residence before odmission
H	ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSID	E CITY LIMITS?
-	University of	Md Husp	Baltimor		YES NO
	00	,	E. STREET AND NUMBER	count are	
5.	SEX 6. RACE 7. MAPE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ye, If Under 24 Hrs
	M N WIDOV	VED DIVORCED	10-27-24	last birthday)	If Under 1 Yo. If Under 24 Hrs Months Doys Hours Min.
10/	USUAL OCCUPATION (Give kind of work 108, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTR
	e during most af working life, even if retired) LABORER				U 5-A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Gussic Harrison		angie (samble	
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor ar dates of servi	1 6. SOCIAL	I A THAT OWNER WITH		ADDRESS
	The state of servi	security No. 248-32-6822	Roselce Do	mb(- 1.	1.4-
_	18. 24	CAUSE OF DEATH			
	7 / 9 / 1 / Y S G G	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	, 1	D	\ _1	41. 2
	(This does not mean the mode of dying.	DUETO OD LE	SE Brain Sten	- intarctio	n 4days
	heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ase,	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	(B)	Aunte M.	yo cardial in	faction 4 days
	DISEASES OR CONDITIONS, if any, give	DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)			
	11	()/			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG al		1	
¥ ĭ	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	Chv.	nic alcohol	154	
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE FIT	NDINGS CONSIDERED
3	2		Yes	xes	
CALC	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., ir hame, farm, foctory, street, aff etc.)	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
	21D. TIME (Manth) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	IRY OCCUR?	
ž	OF INJURY (APPROX.)	While At Not While			
	22. I certify that (I) (this hospital) attended	The second secon			- 30 19 6 S
	that (1) (we)-lost saw the deceased alive of	on /0-30	19 69 and the	ot in (my) (our) opini	on death occurred on the dot
	and have and from the causes stoted above	e. (I) (We) (did) (did not) vi			
	23A. SIGNATURE			2	3 & DATE SIGNED
	Paul K. Jallan	District Dis	ding Med.	Staff Phys.	10-30-65
	23C. PHYSICIAN'S NAME (Type)	OCONEC!	3D. ADDRESS	rnys. —	70 70 37
	NAME LIYPE				
24A	BURIAL CREMATION, 248. DATE 240	GEGREE NAME of CEMETERY OF CRE	MATORY 1240 15	CATION (City,	town or country (5)
-	BURIAL CREMATION, 248. DATE 240	0 0+	1 1 1	CATION (City,	town, or county) (Stole)
	BURIAL 11/4/69	Bal Imace		altimore	vve a
25A	NOV 300 TOFOT SEE A ASSESSAN	Sey M. D.	25C. FUNERAL DIRECTOR		ADDRESS
	1000 10000 4. 100	Charles and	CHARDES A.OK	106 661	W. BARRE ST.
10	100 BEN 1/1/0	- JF			



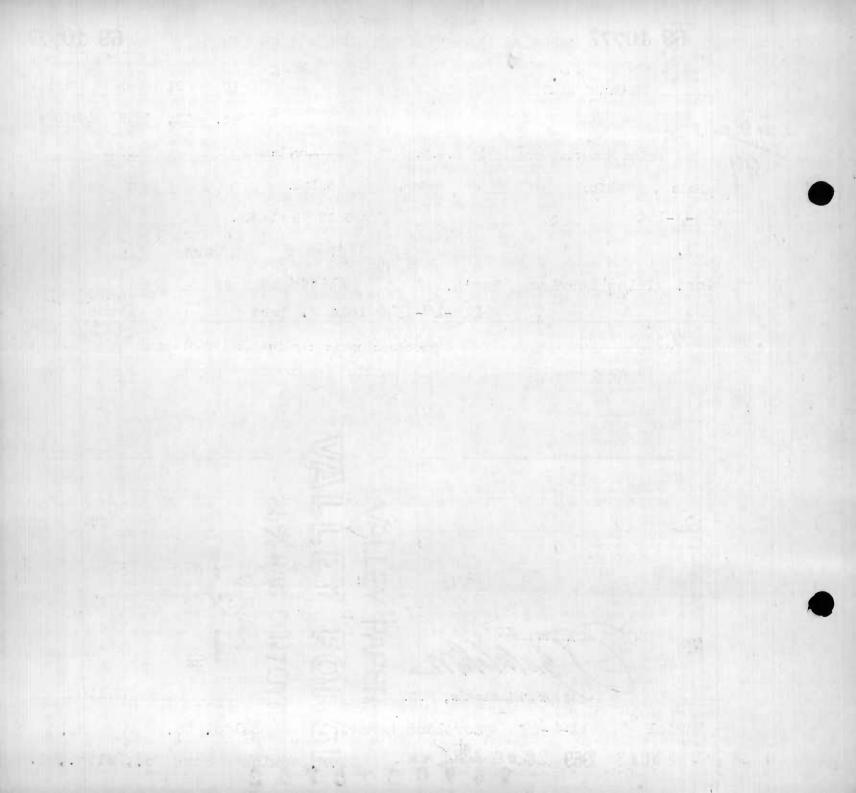
FUNERAL DIRECTOR: IMPORTANT

7-425 BIRTH NO.	69 10776		HEALTH DEPARTMENT	REG. NO	69 10776			
1. NAME OF DECEASED IType or Printl ED	ITH TILG	HMAN	2. DATE AN	D HOUR OF DEATH	112 30			
FULL NAME OF HE NOT HOSPITAL OR ADDRE	RYLAND, WHERE PRONOUS IN HOSPITAL OR INSTITUT SS OR LOCATION)		A. USUAL RESIDENCE (When A. STATE B. COUN B. COUN C. CITY OR TOWN BALTIMORE		12.30 a.m. stilution: residence before admission) 2/02 IDE CITY LIMITS? YES NO NO			
UNIVERSITY OF	MARYLAND HO	OSPITAL	E. STREET AND NUMBER	R ST.	21230			
IOA. USUAL OCCUPATION (Giv	GRO WIDOWED W	NEVER MARRIED DIVORCED DIVORCED DIVORCED	5/14/00	ost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.			
HOUSEWIFE 13. FATHER'S NAME	en il retired)		MARYLA 14. MOTHER'S MAIDEN NAM	ND	U.S.A.			
NILTON T 15. Wos Deceosed Ever in U. S (Yes, no or unknown) (II yes, give	YLER Armed Forces? wor or doles of service)	6. SOCIAL SECURITY NO.	M A	RY BA	RNES			
UNKNOWN		CAUSE OF DEATH	MARTHA NOR	RIS, 764	W. HAMBURG ST.			
DISEASE OR CONT LEADING T	O DEATH	(A) IMMEDIATE CAU		Vulus'	BETWEEN ONSET AND DEATH			
heort foilure, asthenia, etc injury or complication wh ANTECEDEN	:. Il means the disease, ich caused dooth.)	085	STRUCTIO N		TWO WEEKS			
DISEASES OR CONDITI	ause (A) slaling the	(C)	A CONSEQUENCE OF:		TWO WELKS			
OTHER SIGNIFICANT COND TO THE DEATH BUT NOT RE DISEASE OR CONDITION GI 19A. DATE OF OPERATION	FAILURE INDINGS CONSIDERED USES OF DEATH?							
21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH Inotify modical exam	WAS PERFORMED ERLYING 21B, PL home, etc.)	ACE OF INJURY (e.g., In form, foetory, street, off	or obout 21 C. WHERE DID INJURY OCCUR?		JSES OF DEATH? City, give exoci locotion)			
21D.TIME IMonthi (D. OF INJURY IAPPROX.)	oyl IYeor) (Hour) 21E, IN While Work	AI Not While	21F. HOW DID INJU	RY OCCUR?				
that (1) (we) last saw the	22. I certify that (I) (this hospital) attended the deceased from 10/27/ 19 69 to 10/31/ 19 69 that (I) (we) last saw the deceased alive on 10/31/ 19 69 and that in (my) (our) opinion death occurred on the date							
and hour and from the co	M. Hayle	Aften DEGREE Phys.	1	off. 🗵	238, DATE SIGNED			
NAME (Type) 24A: BURIAL CREMATION, 24B REMOVAL (Specify)	DATE 24C. NAM	E OI CEMETERY OF CREA		CATION (City	, town, or eountyly (Stote)			
25A. DATE REC'D BY HEALTH	See E Faller, &	REGISTRAR LD.	25C. FUNERAL DIRECTOR	PICE 661 1	O. BARCE ST.			



0-600

69 10777 MEDICAL EXAMINER'S C	
BIKITH INO.	2. DATE Known Month Day Year Hour
(Type or Print) HOWARD DARE	OF DEATH Estimoted 10 31 69 10:05 a _M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD Oct. 31, 1969 10:05 a M.
OK INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
Union Memorial Hospital D.O.A.	Maryland 901
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS!
Male White WIDOWED DIVORCED	Balto. YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER 3828 Kimble Rd.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Md. WHAT COUNTRY?	Thomas Dare
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
Post Office Service Gov't.	Elizabeth Hoos
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) 218-18-3311	Iola V. Dare Above
19. / CAUSE OF DEAT	TH APPROXIMATE INTERVAL
Artorios	claptic cardiovascular disease
LEADING TO DEATH	
(This does not mean the made of dying, e.g., (A)IMMEDIATE C	AUSE AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	a consequence or.
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
٥	YES
Z2A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g.,	In or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	bldg., etc.) INJURY OCCUR?
OF INITIDY	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT AT W	WHILE ORK
23.	
l certify that I held on Inquiry Inspection Au	topsy XX and that on this basis, death in my opinion
resulted from: Natural courses XX Accident Suicid	e HomicIde Undetermined manner
Whalk	CHIEF MEDICAL EXAMINER
ACTUAL Mallasah Th	ASSISTANT MEDICAL EXAMINER
SIGNATURE M.D.	ASSOCIATE MEDICAL EXAMINER
	10/31/69
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
Burial 11-4-69 Moreland Me	emorial Balto. Co. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NUV 3 1969 Jabent E. Jaben, M.D.	H.W. Jenkins & Sons Co., Balto., Md.
VS 151-REV. 1/1/68	08/02

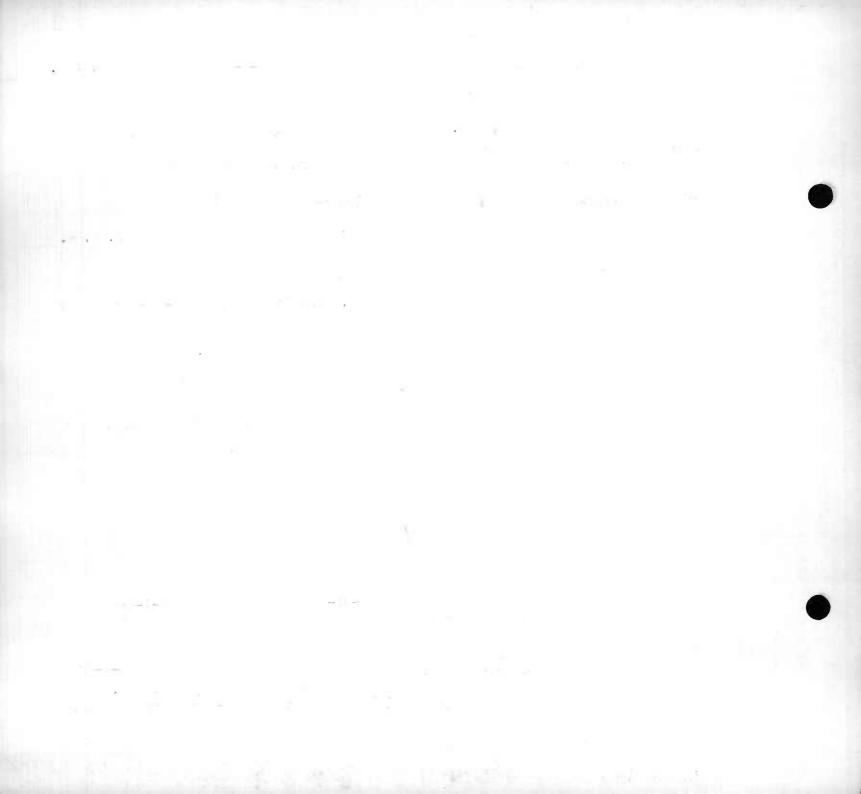


RALTIMORE CITY HEALTH DEPARTMENT

	69	10778	MED	ICA		AMINER'S			OF DEA	ATH REG. NO.	69	10778
-	NAME OF DE	CEASED					2. DATE	Known [Mont	h Dov	Yeor	Hour
	Type or Print) ALICE GOCHENAUR						OF	Estimoted	_	п обу	1601	
4.	PLACE IN BA			-		INCED DEAD	DEATH 3. DATE	Estimotes	Monti	h Doy	Yeor	Hour M.
FU	LL NAME OF	(IE NO		LORINS		N, GIVE STREET		UNCED DEAD	Nove	ember 2,19	69	9:07 A.M.
OR	INSTITUTION						5. USUAL RI A. STATE	ESIDENCE (V	Where deceas	ed lived. If institution B. COUNTY	residence	before odmission)
	1508	E. Balt	o. Str	eet	(DO	A)		Marylan	nd	B. CO01411	31	0.7
6.	SEX	7. RACE		B. MARI	RIED [NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
	Female	Whi	te	WIDO	NED 🛣	DIVORCED	Balti	more		Y	ES 🔀	NO 🗆
	DATE OF BIR		10. AGE (In		If Und Months	er 1 Yr. If Under 24 Hrs. Doys Hours 1 Min.		AND NUMBE				
	an.10,			57				. Balti	imore S	Street		
	BIRTHPLACE (IZEN OF	13. FATHER	SNAME				
	E.Live					AT COUNTRY?	Albe:		House	r		
14A don	A.USUAL OCCU	UPATION (Give working life, ex	e kind ol work en if relired)	148. KINI	OF BU	SINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN	NAME			
	Housew			Own	Но	me	Carri	e Chap	man			
16.	WAS DECEAS	SED EVER IN	U.S. ARMED	FORCE	\$? 1	7. SOCIAL SECURITY NO.	18. INFORA	TANT		07 C AI	DDRESS	343- G4-
1,0	No	(11 Yes, give	wor or doles	OI SELVICE	7	SECORITI NO.	Dawson	n Fune	ral H	ome E Li	Fil	th St.
	19.	1 0				CAUSE OF DEA					- Al	PPROXIMATE INTERVAL
	DICEA	er on cour	TION DIRE	CT11/		Cirrh	osis of	Tivor			BEIV	VEEN ONSET AND DEATH
	DISEA	SE OR COND LEADING TO		CILY				. Liver				
-	(This does	not meon the	mode of dy	ing, e.g.,		(A)IMMEDIATE O	S A CONSEQ	UENCE OF:				
-		e, osthenio, etc mplication whi										
Н											7.	
		NIECEDENT				(B)	AS A CONSEC	DUENCE OF				
	RISE TO TH	OR CONDITI	USE (A) STAT	ING THE		DUE 10, OK	AS A CONSEC	JUENCE OF:				
2	UNDERLYI	ING CONDIT	ION LAST.			(c)						
CERTIFICATION			11									
S		NIFICANT CO										
뜬	DISEASE O	RCONDITION	GIVEN IN PA	ART 1 (A)								
3	20A. DATE O	F OPERATIO	N 20B. CON	NOITION	FOR W	HICH OPERATION WA	S PERFORM	ED			21. AUTC	PSY? (Yes or No)
0	0										no	
3		NAL CAUSE			228. PL	ACE OF INJURY (e.g., orm, loctory, street, office	in or obout 2	2C. WHERE	DID (If In Bol	timore City, give exo	ct location)	
ED	UTING C	G∏OR CON AUSE OF DEA			nome, i	orm, locidry, street, office	e blag., etc.) II	WORT OCC	OKI			
Σ	22D. TIME		Doy) (Yeor) (Hou	r) 22E	INJURY OCCURRED	2	2F. HOW DIE	D INJURY O	CCUR?		
	OF INJURY (APPROX.)				m. WH		WHILE					
13	23.				m.į wo	RK L AT W	OKK L					
	1 cer	tify that I h	eld an I	nquiry [nspection 🔀 Au	lap sy	and that	an this bas	sis, death in my	opinlon	
	resu	Ited from: N	latural cau	ses 🔯	Acc	Ident Suicid	е □ Не	miclde 🗌		ermined manner	7	
Н		7		1	. 1	/ /		CHIEF MEDIC			_	
	ACTUAL		h.e.	11	11	. //	ASSI	STANT MEDIC				DATE SIGNED
	SIGNAT		- may	1-1	1/2	M.D	•					
	NAME (Type \ RC	nald N	. Kon	nb1	um,M.D.	ASSO	CIATE MEDIC	CAL EXAMIN	ER 🔲	11/2	2/69
	A. BURIAL CRE	MATION,	248. DATE			NAME of CEMETERY	ar CREMATO	RY :	24D. LOCATI	ION (City, town	, or county	
	em.Bur		11/5/	69	R	iverview	1 1111		E. T.	iverpool	. 9	Ohio
	A. DANE OF O	38Y HEALTH	SEPTO Q			F REGISTRAR		UNERAL DIR				905 York
		0 1000	0000	7-	Aurel	and the same of th	1.0	M. Jei	TETTI	Balti	more	Md. 212
VS	151-REV. 1/1/6	8		Q	13	901	0 8	7 6	3			

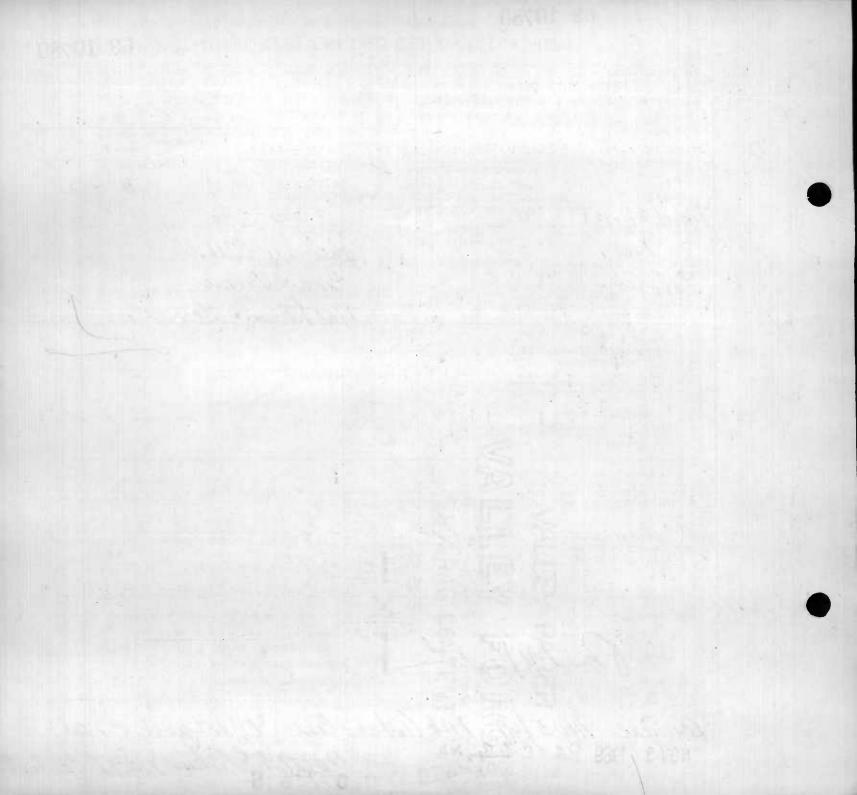
A HEALT TO THE WITTEN THE MEMBERS IN DUE IN EXPLICATION 01P1,01.10% THE COURT OF STATE OF THE STATE

	11-420			HEALTH DEPARTMENT		69 10mm0			
BII	TH NO. 69	1077	9 CERTIFICA	TE OF DEATH	REG. NO	09 10//9			
	AME OF DECEASED			2. DATE	AND HOUR OF DEATH				
	Alice Mi				1-69	8:25 p			
3.	PLACE IN BALTIMORE, MARYLAND, W	VHERE PRONOL	JNCED DEAD	A. STATE B. COL	nere deceased lived. Il i	nstitution; residence before admission)			
FL	LL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	JTION, GIVE STREET	Maryla	nd	1304			
ĺΝ	Provident Hos			C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?			
	1514 Division			Baltin E. STREET AND NUMBER	ore	YES E NO			
	Baltimore, Ma		21217		7				
5.	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	inbrook Aver				
	emale Negro	WIDOWED		30.00.37	lost birthdoy)	Il Under 1 Yı. If Under 24 Hrs. Months Doys Hours Min.			
10/	. USUAL OCCUPATION (Give kind of work	10B KIND OF	BUSINESS OR INDUSTRY	10-26-17	52 reign country)	12. CITIZEN OF WHAT COUNTRY?			
	e during most of working life, even if refired) nemployed			Vincinio					
	FATHER'S NAME			Virginia 14. MOTHER'S MAIDEN NA	AME	U.S.A.			
	Pekerk himman	e)		Minaria	Red	. 1			
15.	Was Deceased Ever in U. S. Armed For	ces?	16. SOCIAL	17. INFORMANT	Couma	ADDRESS			
tre	, na ar unknown! (If yes, give war ar date	s of service)	SECURITY NO.	Mrs. Anna Cole	man (Sister-				
_	18.		CAUSE OF DEATH		(-25001				
	DISEASE OR CONDITION DIE	RECTLY	Oriest of Death	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	LEADING TO DEATH		(A) IMMEDIATE CALL	connesti:	we Heart				
	IThis does not mean the mode of heart failure, astheria, etc. It means	This does not mean the mode of dying, e.g., eart failure, asthenia, etc. It means the disease,							
	injury or complication which coused death.)								
	ANTECEDENT CAUSES (B) HUDENTEWALVE CONCLO-								
	DISEASES OR CONDITIONS, if cise to the above cause (A)	ony, giving	DUE TO, OF AS	A CONSEQUENCE OF	lax office	en se			
	UNDERLYING CONDITION lost.	Sioning Inte	(c)	74000	041 000				
~	11	FILL 52	· · · · · · · · · · · · · · · · · · ·						
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE	IE TERMINAL							
CA	DISEASE OR CONDITION GIVEN IN PART 19A-DATE OF OPERATION 19B CONT	I 1 (A).	HICH OPERATION	120A AUTOREYS (Vo. o. b.	-V 200 4B V20	***************************************			
CERTIFIC	WAS PERF	ORMED	men or example	NO	IN CERTIFYING CA	USES OF DEATH?			
-	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		PLACE OF INJURY (e.g., In	or about 21 C. WHERE DID	(II In Baltimor	e City, give exoci location)			
CAL	DEATH (notify medical examined)	etch	, torm, toctory, street, off	ice bldg., INJURY OCCUR?					
0	21D.TIME (Month) (Doyl (Year) OF INJURY	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
3	IAPPROXI	While	Not While						
	22. I certify that (I) (this hospital)			10-31-69	10 . 1	1-1-69			
	that (I) (we) lost sow the decease		11-1-69						
	ond hour and from the causes state			and he had a few test	not in (my) (our) opi	nion deoth occurred on the date			
	23A. SIGNATURE	// 0	(114) (414 1161) 41	ew the bady after death.		23 B, DATE SIGNED			
		Don	Alten	ding Med.	Shaff	11-2-69			
	23C.PHYSICIAN'S NAME (Typel	1-00	DEGREE Phys.		Phys. L. lent Hospita.				
	HAME Hyper	GITE		14 Division St	reet - Baltin	more. Maryland			
24A	BURIAL CREMATION, 248, DATE	24C. NA/	DEGREE			ly, town, or county) (Stotel			
	REMOVAL (Specify) 110.6/6	9 10	3008 Mart	()	550, 1				
25A	Total Action of the Control of the C	258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	Jul Tree	Mick Ore			
		E. Jabe		BARRETS	Delegen 1	1299 B. A: CH			
VS :	50-REV. 1/1/68		7	1 Bright 6	revers /	- 11 Cunture			



69 10780

MEDICAL EXAMINER'S	CEDTICICATE OF DEATH	10,000
BIRTH NO.	CERTIFICATE OF DEATH REG. NO	T0.190
1. NAME OF DECEASED (Type or Print) NA THANIEL GREEN	2. DATE Known Annth Day Yeor	Haur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted	r Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD October 31,1969	2:10 P. M.
In Water W.side of Pier #3, Pratt Street	5. USUAL RESIDENCE (Where deceased lived. If institution: resident A. STATE Maryland B. COUNTY	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED		5?
Male Negro widowed Divorced	Baltimore YES 🔀	по 🗆
2. DATE OF BIRTH 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NUMBER 1723 E. Eager Street	
11. BIRTHPLACE (Side of fareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FAPTHER'S NAME	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	VI TO DIES MAIDENINAME	
dane during most of warking life, even if retired)	Eval Shoon	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((If yes, give war or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT	
119. CAUSE OF DEA	Mathaniel Freen	APPROXIMATE INTERVAL
	81	ETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Drowni		
	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AU	TOPSY? (Yes ar Na)
		yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☑OR CONTRIB- UTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., home, farm, foctory, street, office ? Water	in or obout 22C. WHERE DID (If in Baltimare City, give exact lacation to bldg., etc.) INJURY OCCUR?	
22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	Pier#3 22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)Oct. 1969 Unk, WHILE AT NOT AT WORK	WORK X Subject found floating near	Pier #3
	ond that on this basis, deoth in my apinion	· ·
resulted from: Natural couses Accident Suicid	de Homicide Undetermined manner 🗴	
16.121/18	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MUST MENTER MANERAL MANERA MANERA MANERA MANERA MANERA MANERA MANERA MANERA MANERA M	ASSISTANT MEDICAL EXAMINER	
NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 11/1	/69
	or CREMATORY 24D. LOCATION (City, tawn, or cour	nty) (State)
TSA DATE REC'D BY HEALTH DEAT. 1258 DIAME OF REGISTRAR	USS. FUNERAL DIRECTOR ADDRESS	md,
NOV 3 1969 Table E. Jailey M.D.	moral F. Elikean 1129	M. Custin
VS 151-REV. 1/1/68	08765	

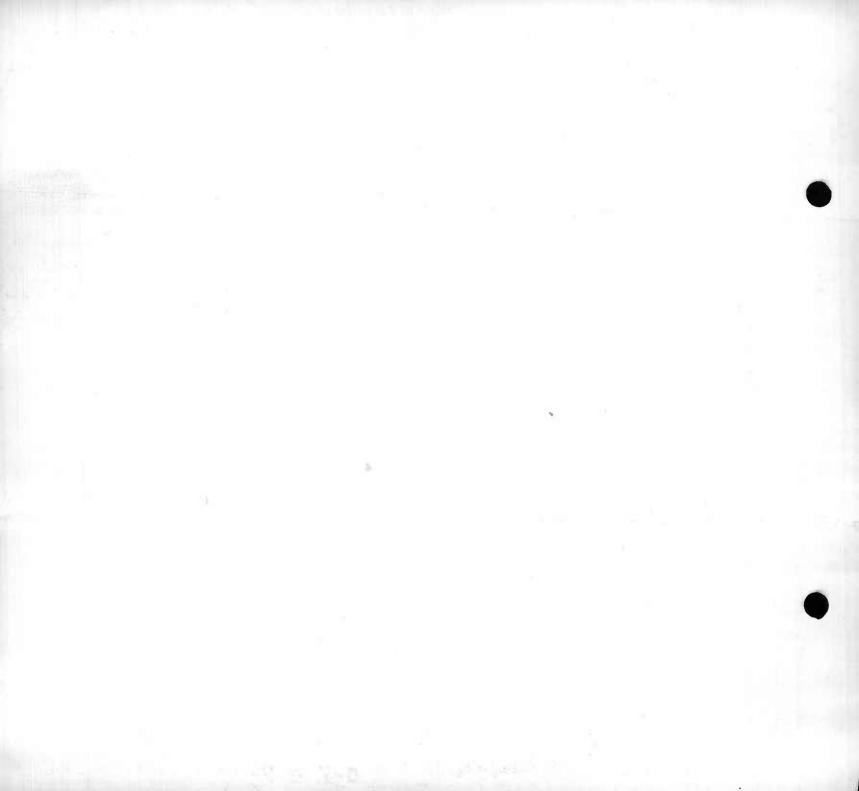


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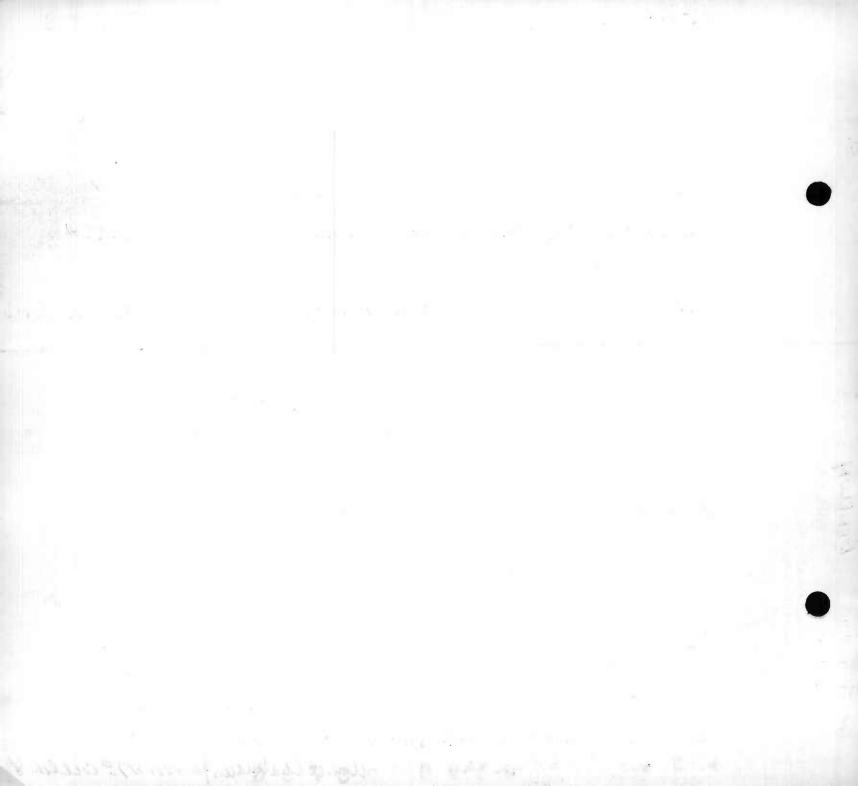
25C. FUNERAL DIRECTOR

ADDRESS

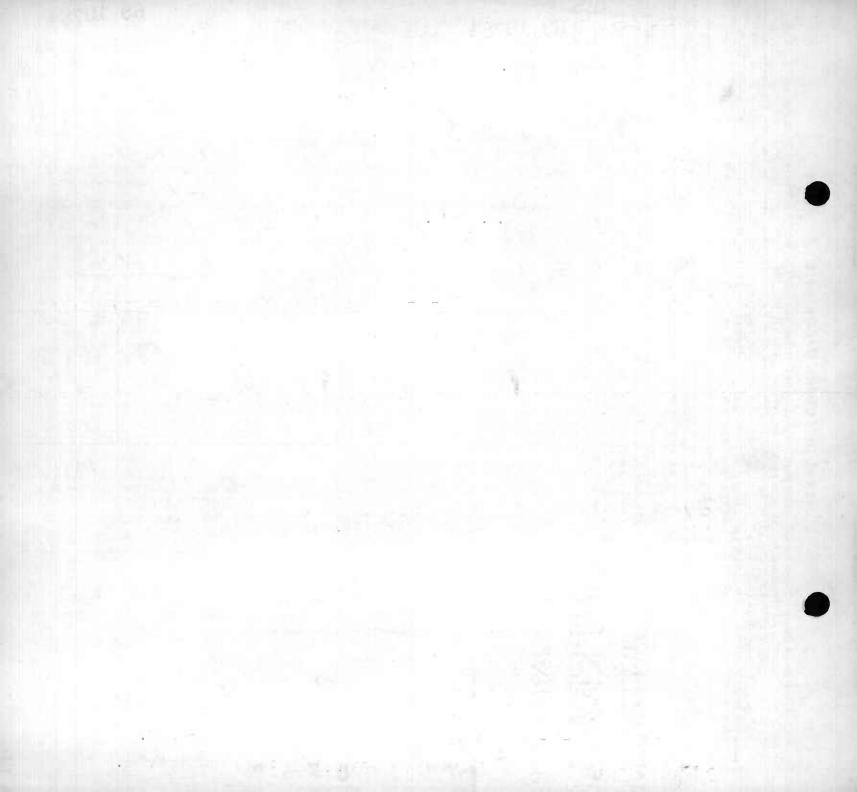
		N-132 BALTIMORE CITY HEALTH DEPARTMENT OF A THE PER NO. 65	1 10 2
	7002	DE TIPLE CATE OF DEATH REGING	110782
	and the the	NAME OF DECEASED	
	O B C	(Type or Paint) WKLTER NOVITS KY	
	o e d		11:17 Daw
	of of De ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, Il institution A, STATE B. COUNTY	residence before odmission)
	se se (5) an de	FULL NAME OF (IF NOT IN HOSPITAL OF INSTITUTION CIVE STREET	Vinla.
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN D. INSIDE CITY	800
	se; se; and to		
100	にあるまるフ	I CONFET AND AUGUSTON	NO L
-	D'E O B'E		1 -
	d ar	1 100 10 11631612 37	13
	Sirie	MAKKIED IN NEVER MAKKIED I I SO SAIL OF SIKITI 17. AGE III YEGES III ON	nder 1 Tr. II Under 24 Hrs.
	nrin nrin e e s	WIDOWED DIVORCED 18-17-03 60	
	100 to 100 m	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. Cd done during most of working life, even if retired)	ITIZEN OF WHAT COUNTRY?
	ti di i	CONFECTIONITY STONE OWNER PX.	1-5.A.
	de de sine as	13. FATHER'S NAME	371
	# 2€ ≯# d		1
5	Fig. 7 a Eg	GLOB NOVITSRY MARY TROTSICOS,	TA TROTSKE
2	stant le di ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces! (Yes, no or unknown) Ulf yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	ADDRESS
	kir kir de ce		121 Ridge a-
OR	T find d T	18. CAUSE OF DEATH	coutsuffs pe
9	s a me	77.7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z	Also oun oun oun ned	DISEASE OR CONDITION DIRECTLY PUPTY STORE SOUTH STORES	1 nuic
	Tage Ao	A A A A A A A A A A A A A A A A A A A	6 D145
**	2 2 2 2 2 2	heart failure, asthenia, etc. It means the disease,	
O	ine net pr	injury or complication which coused death.	2
ĭ	E.E. TO DO	ANTECEDENT CAUSES (B) KI NOW S CLEVO FU	
EC	Xan Xan Wh	DISEASES OR CONDITIONS, if any, giving Due TO, OR AS A CONSEQUENCE OF:	************************
8	966 2.50	rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	
5	ical residents	\V/	
-	medica medica burns physici an was remai	5 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DACHTE JUDILLAN NO CON FO	3 DAYS
4	med phy an	ET ITO THE DEATH BUT NOT RELATED TO THE TERMINAL (V)	3000
ER	# E > 0.00	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204, AUTOPST? (Tes of No.) 208. IF YES, WERE FINDING	
Z	hicodo a hicodo	IN CEPTEVING CALLSES OF	S CONSIDERED
5	by ch by c 2) Bo 2) Bo phys ore t	21A. ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g. fin gr obout 21 C. WHERE DID III In Boltimore City of	
		, OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg INILIPY OCCUPY	ive exoct locotton)
	by the principal who who had be	B DEATH (nohly medical examines) () (etc.) (etc.)	
	4 6 5 P	21D. TIME (Month) (Doy) (Teon) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	hos hos at co ine (6		
	prov he ny n exce and		
	ob a r	A CONTRACTOR OF THE PROPERTY O	1969
	of o	that (I) (we) last saw the deceased alive an 10-26-69 19 and that in(my) (our) apinton de	ath accurred on the date
	. 00	and haur and from the causes stated above. (1) (We) (did) (did not) riew the bady after death.	
	dent dent ospit deat must	22A SIGNATURE	ATE SIGNED
	elease scide ccide hos to da	(M) (An) M. (Lee At-O) Attending Med. Med. Shoff [7]	-11-10
		23C. PHYSICIAN'S 23D. ADDRESS	766
	An a An a prior	23C. PHYSICIAN'S NAME (Type). (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BA170, 11d
	W W	MICKIOUM, MASON MA	BILLIMA
	EVE O B D	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORT 24D. LOCATION (City, lown, REMOVAL (Specily)	or county) (Stote)
	This certifue body shows: (1) was D.O. deceased written a	Burnl 10-31-69 Holy ROSARY Com Dundalk, Md.	
	This the bashow was dece	25A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
	the bashow was dece	1.011 0 4000 () 4 . 0 7 . 7	Eastern are 3
	1	VS 150-REV, 1/1/68	



	. 1	1/	166	69	10783	BALTIMORE CITY	TE OF DEATH	REG. NO.	69 10783
	and eath ased the Such		TH NO.	ASED		CERTIFICA	TE OF DEATH		
	-005	fTy	pe or Print)	to And. H.	ekman			ND HOUR OF DEATH	1 8:15 2
	of of Dec	3.	PLACE IN BALT	MORE, MARYLAND, W	HERE PRONOUNC	ED DEAD		ere deceased lived II in	astitution: residence before edmission)
	hospit iuse of ; (5) De dance	FU HO IN	ILL NAME OF DISPITAL OR STITUTION	ADDRESS OR LOC	AL OR INSTITUTIO	N. GIVE STREET	MARYLAND c. CITY OR TOWN		ORE CITY 2716
	cau ruse; tend r to	+		IE JOHBS H	OPKINS H	OSPITAL	BALTIMORE		YESXX NO
	outing led cau ar att prior de.		33				2855 EDGE	COMB CIRC	
3	trik min gul sed	5. 3	MALE	NEGRO	7- MARRISO 1	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 10-24-23	9. AGE fin years lost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
~		A01	USUAL OCCUI	PATION (Give kind of work	108, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State of fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
3	or or de de	0	EMENT	FINESHER	contra	retons	mD.		U.S. A.
	if d ect 4) U wa the	13.	FATHER'S NAM	LABORARD			14. MOTHER'S MAIDEN NA	ME	
2		15.	Wos Deceased	ver in U. S. Anned For	cas? 1) 6.	SOCIAL	MARIE		
ORTANI	ist he he de de ce	(Yes	, no or unknown!	If yes, give wer or dete	s of service)	SECURITY NO.	1	1 04	ADDRESS
Ö	R 4 200 L		18. 441	. ()	- u	CAUSE OF DEATH	DANET LABOR	AD. 2835	APPROXIMATE INTERVAL
MP	AL COPE		DISEASE	OR CONDITION DIS	RECTLY		1.400.00		BETWEEN ONSET AND DEATH
(This does not meen the mode of dying, e.g.,							***************************************		
TOR	EFFODO			TECEDENT CAUSES	deom./	LUPTU	re of Dissective	Acres Awar	P. SIL
ECT	xan xan y A wh		DISEASES OR	CONDITIONS, if above couse (A)	any, giving	(8)	A CONSEQUENCE OF:		***************************************
DIRE	tale ey at ey (3) (3) ian ian ins a		UNDERLYING	CONDITION lost.	stotting title	(c) ATHERO	sufune Chronoung	sc. Disense	
	medica edical burns; hysicia n was remain	NO	OTHER SIGNIFIC	II ANT CONDITIONS CON	VIRIBUTING				
RA		F	DISEASE OR COL	BUT NOT RELATED TO TH NDITION GIVEN IN PART	E TERMINAL	***************************************			***************************************
JACO	chief gody the g ysicie	CERTIFIC	10.31.6	PERATION 198. CONI	OFFICE OR WHIC	H OPERATION	YES	10 CERTIFYING CAL	INDINGS CONSIDERED
COEN BLUN FUNERA	the al by: (2) rere o ph		21 A. ACCIDENT OR CONTRIBUTI DEATH Inolify m	WAS UNDERLYING DIE	21 B. PLA(home, lor etc.)	E OF INJURY (e.g., in m, foctory, street, olf	or about 21 C. WHERE DID	(II In Boltimore	City, give exect location)
6	by W.	ō	21 D. TIME (1	Month) (Day) (Year)		IRY OCCURRED	21F. HOW DID INJ	IN OCCUM	
32.	904405	×	OF INJURY (APPROX.)		While At			on occor.	
	rat cx ad			at (1) (this hospital)		ceased from		967_ta	10.31 109
7	to of a of a of a h);			st saw the deceased			1969and the	ıt İn (my) (aur) apln	ian death occurred on the dote
3	leased ident hospit o deat		and haur and f	ram the causes state	ed abave. (I) (We) (did) (did not) vi	ew the body after death.		
3 2	mus elea ccide a hos to d al m			Na Jan	lua, MD		ding Med.	Staff Phys.	10-31-69
5 8	0 - 0 >		NAME (TH	7	1	DEGREE	BD. ADDRESS	rnys. 🗀	(0-7/-0)
Received A	dy was (1) An O.A. at ed prio	244				DEGREE	THE JOHNS HO	PKINS HOSE	PITAL
2	T-8 00 0 C		REMOVAL ISPE	cityl 11 56	9 0 a h	tus men		Palico. U	, town, or countyl (Stotel
	This cer the bod shows: was D.C decease	25A	DATE REC'D BY		25B. NAME OF REC		25C FUNERAL DIRECTOR		APDRESS
	₹₩₩₩		NO W	T WASHED C.	The state of the s	900	Most it Chare	ualls 11-12	oim appress Cullety

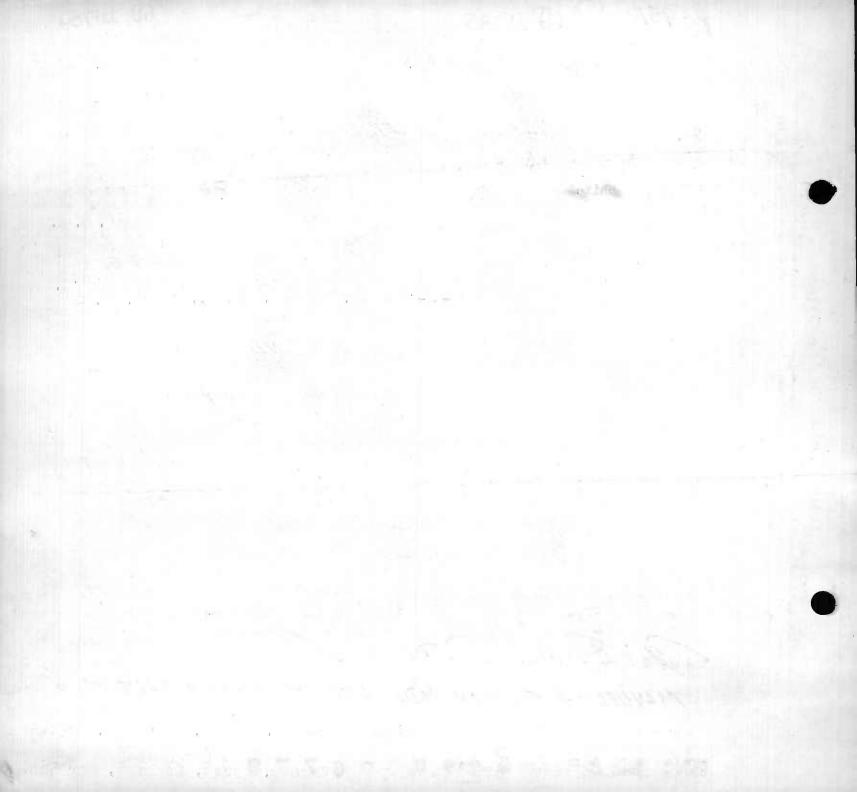


BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT

0-401				HEALTH DEPARTMENT		CO 40mar
	69	1078	5 CERTIFICA	TE OF DEATH	REG. NO	69 10785
NAME OF DEC		-			D HOUR OF DEATH	1
Type or Print)	Vuna	EBI	nmble	14	0-31-69	
PLACE IN BAL	TIMORE MANLAND, V	WHERE PRONO	UN CED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If	
ULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Mag	ula nid	2646
OSPITAL OR	ADDRESS OR LOC	(ATION)		C. CITY, OR TOWN	D. IN	SIDE CITY LIMITS?
HARADO	RVIEWN	URSII	Ng CENTER	Balti me	RE	YES NO NO
12/3 L	light St	REEL	2	E. STREET AND NUMBER	RINO	SZ.
SEX	6 KACE	7- MARRIED	_	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months! Days Hours Min.
emale	White '	WIDOWED	DIVORCED [6/20/82	lost bightings),	
A. USUAL OCC	UPA HON (Care kind of wor working life, even if retired)	rk 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTR
Housewif		Own	home	Maryland		U. S. A.
3. FATHER'S NA		OWII	LIOINO	14. MOTHER'S MAIDEN NA	ME	
	John Biggs				Mo	reland
5. Wos Deceased es, no or unknown	Ever in U. S. Armed Fo	rces? les of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT (Son)	1	515 Elrino St.
No			213-54-3392	Mr. George B. 1		alto. Md. 21224
1B. , / /	9 7/1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISTA	SE OR CONDITION D	DECTIV				BETWEEN ONSET AND DEA
DISEA	LEADING TO DEATH			100011	NII A	
(This door .	nat meon the made at		(A) IMMEDIATE CAL	JSE A. S. CVD	- 01/1	
	asthenia, etc. It meon:		DUE TO, OR AS	A CONSEQUENCE OF:		
	nplication which coused					
	ANTECEDENT CAUSES	c	11.	- taki One	'A	
	ANTECEDENT CAUSE.	3	(B) 1748	OSINCE VIIE	umoniu-	
	OR CONDITIONS, if		DUE TO, PHAS	a consequence of:		
	e obave couse (A)	stoting the				
UNDERLYING	G CONDITION lost.		(C)			
	- 11					
	FICANT CONDITIONS CO					
E 110 THE DEAT	TH BUT NOT RELATED TO				***************************************	
	POPERATION 198. COL	NDITION FOR				
19A. DATE OF			WHICH OPERATION	20 A. AUTOPSY? (Yes or N	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF	WAS PE	RFORMED	WHICH OPERATION	NO NO	20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF	NT WAS UNDERLYING	[21B	PLACE OF INJURY (e.g., i	No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF	NT WAS UNDERLYING	21B	i. PLACE OF INJURY (e.g., i		IN CERTIFYING C	AUSES OF DEATH?
21A. ACCIDE OR CONTRIBU DEATH (notify	NT WAS UNDERLYING [UTING [] CAUSE OF medical exominer)	21B hom etc.	i. PLACE OF INJURY (e.g., i ne, lorm, foctory, street, o	in or about 21 C. WHERE DID INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify) 21D. TIME	NT WAS UNDERLYING	21B hom etc.	i. PLACE OF INJURY (e.g., ine, lorm, foctory, street, or in the street of the street o	NO in or obout 21C. WHERE DID ince bldg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
21A. ACCIDE OR CONTRIBU DEATH (notify	NT WAS UNDERLYING [UTING [] CAUSE OF medical exominer)	21B hom etc.) (Hour) 21E,	i. PLACE OF INJURY (e.g., in the control of the con	NO in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN.	IN CERTIFYING C	AUSES OF DEATH?
21A. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.)	NT WAS UNDERLYING UTING CAUSE OF medical exominer (Month) (Doy) (Year)	21B hom etc.) (Hour) 21E, Wh	i. PLACE OF INJURY (e.g., in the control of the con	NO in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN.	(If in Boltim	ore City, give exoct locotion)
19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify OF JUNIOR (APPROX.) 22. I certify	NT WAS UNDERLYING UTING CAUSE OF medicat exomine: (Month) (Doy) (Year)	(Hour) 21E, Whom all) ottended t	i. PLACE OF INJURY (e.g., ine, lorm, foctory, street, or in its local control of the control of	No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN:	(If in Boltimury OCCUR?	ore City, give exact location)
19A. DATE OF 21A. ACCIDE OF CONTRIB DEATH (notify OF INJURY (APPROX.) 22. I certify	NT WAS UNDERLYING UTING CAUSE OF medical exominer (Month) (Doy) (Year)	(Hour) 21E, Whom all) ottended t	i. PLACE OF INJURY (e.g., in the control of the con	No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN:	(If in Boltimury OCCUR?	ore City, give exact location)
19A. DATE OF 21A. ACCIDE OR CONTRIBUTE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify thot (we)	NT WAS UNDERLYING UTING CAUSE OF medical examine) (Month) (Doy) (Year) Thotal (this hospital) lost sow the deceos	21B, hom etc.) (Hour) 21E, wh wo all) ottended to seed olive on	I. PLACE OF INJURY (e.g., ine, lorm, foctory, street, or lorm) I. INJURY OCCURRED Solid At At Work The deceosed from	No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN:	(If in Boltimury OCCUR?	ore City, give exact location)
21A. ACCIDE OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (we)	NT WAS UNDERLYING UTING CAUSE OF medical exomined (Month) (Doy) (Yeor) Thot (this hospital) lost sow the deceos	21B, hom etc.) (Hour) 21E, wh wo all) ottended to seed olive on	I. PLACE OF INJURY (e.g., ine, lorm, foctory, street, or lorm) I. INJURY OCCURRED Solid At At Work The deceosed from	No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN:	(If in Boltimury OCCUR?	ore City, give exact location)
21A. ACCIDE OR CONTRIBUTED DEATH (notify (APPROX.) 22. I certify that (we) and hour and	NT WAS UNDERLYING UTING CAUSE OF medical exomined (Month) (Doy) (Yeor) Thot (this hospital) lost sow the deceos	21B, hom etc.) (Hour) 21E, wh wo all) ottended to seed olive on	I. PLACE OF INJURY (e.g., ine, lorm, foctory, street, or control of the control o	NO in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. 19 69 ond the view the body ofter deoth.	URY OCCUR?	ore City, give exact location) 10 - 3 19 6 9 Dinlon death occurred on the do
19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify 12	NT WAS UNDERLYING UTING CAUSE OF medical examine? (Month) (Doy) (Year) That the this has pital to be a second from the causes stated	21B, hom etc.) (Hour) 21E, wh wo all) ottended to seed olive on	I. PLACE OF INJURY (e.g., ine, lorm, foctory, street, or ine, lord, street,	No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. 19 69, ond the view the body ofter deoth. Med. Director	(If in Boltimury OCCUR?	ore City, give exact location) 10 - 3 19 6 9 Dinlon death occurred on the do
19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify thot (we) ond hour on-	NT WAS UNDERLYING UTING CAUSE OF medical exomine) (Month) (Doy) (Yeor) Thot (this hospito) lost sow the deceosed from the couses sto	21B, hom etc.) (Hour) 21E, wh wo all) ottended to seed olive on	I. PLACE OF INJURY (e.g., ine, lorm, foctory, street, or ine, lord, street,	No in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN: 19 69 ond the view the body ofter deoth. Med. Director	IN CERTIFYING C (If in Boltime URY OCCUR? 19 69 to	auses of DEATH? ore City, give exoct locotion) 10-3/ 1969 pinlon deoth occurred on the do 238. DATE SIGNED 10-3/-69
19A. DATE OF 21A. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (we) and hour on 23A. SIGNATU 23C. PHYSICIA NAME IT	NT WAS UNDERLYING UTING CAUSE OF medical examine? (Month) (Doy) (Year) Thot (this hospital) lost sow the deceosed from the couses stated and the couse sta	21B, hom etc.) (Hour) 21E, wh wo all) ottended to seed olive on	I. PLACE OF INJURY (e.g., ine, lorm, foctory, street, or ine, lord, street,	No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. 19 69 ond the view the body ofter deoth. 23D. ADDRESS 570/THE A	IN CERTIFYING C (If in Boltiman URY OCCUR? 19 69 to to to Shaff DA, 2	auses of DEATH? ore City, give exact location) 10-3/ 1969 pinlon death occurred on the do 238, DATE SIGNED 10-3/-69
19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify DEATH (notify (APPROX.) 22. I certify thotal (we) ond hour on 23A. SIGNATL 23C. PHYSICAL NAME IT	NT WAS UNDERLYING UTING CAUSE OF medical exomine) (Month) (Doy) (Yeor) Thot (this hospito) lost sow the deceosed from the couses story of the couse of the cous	218 home etc. (Hour) 21E. Wh. Wo onl) ottended to seed olive on	APLACE OF INJURY (e.g., ine, lorm, loctory, street, or lorm, loctory, street, or lock, loc	No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. 19 69 ond the view the body ofter deoth. 23D. ADDRESS 570/7HE ABBRETIES 24D. 1	IN CERTIFYING C (If in Boltiman URY OCCUR? 19 69 to not in (auses of DEATH? ore City, give exact location) 10-3/ 1969 oinlon death occurred on the do 23B. DATE SIGNED 10-3/-69 BACTO. MD. 2/2/2 City, town, or county) (State)
19A. DATE OF 21A. ACCIDE OF CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (we) and hour on 23A. SIGNATU 23C. PHYSICIA NAME IT NA	NT WAS UNDERLYING UTING CAUSE OF medical examiner (Month) (Doy) (Year) Thot (this hospital loss sow the decease of from the couses stated and the couse stated	21B, hom etc. (Hour) 21E, Wh wo soll) oftended to sed olive on sold obove. (I	I. PLACE OF INJURY (e.g., ine, lorm, foctory, street, or ine, lorm, foctory, street, or ine, lorm, foctory, street, or ine, lord, street, st	No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. 19 69 ond the view the body ofter deoth. 23D. ADDRESS 570/THE ACTION CONTROL OF CONT	IN CERTIFYING C (If in Boltiman URY OCCUR? 19 69 to and in () (our) op Shoff Phys AMEDA, 2 OCATION (akland, Gaz	auses of Death? ore City, give exact location) 10-3/1969 pinlon death occurred on the do 23B. DATE SIGNED 10-3/-69 BACTO. MD. 2/2/3 City, town, or county) (State) rrett Co. Maryland
19A. DATE OF 21A. ACCIDE OF CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (we) and hour on 23A. SIGNATU 23C. PHYSICIA NAME IT NA	NT WAS UNDERLYING UTING CAUSE OF medical exomine) (Month) (Doy) (Yeor) Thot (this hospito) lost sow the deceosed from the couses story of the couse of the cous	21B, hom etc. (Hour) 21E, Wh wo soll) oftended to sed olive on sold obove. (I	APLACE OF INJURY (e.g., ine, lorm, loctory, street, or lorm, loctory, street, or lock, loc	No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. 19 69 ond the view the body ofter deoth. 23D. ADDRESS 570/7HE ABBRETIES 24D. 1	IN CERTIFYING C (If in Boltiman URY OCCUR? 19 69 to and in () (our) op Shoff Phys AMEDA, 2 OCATION (akland, Gaz	auses of DEATH? ore City, give exact location) 10-31 1969 oinlon death occurred on the do 23B. DATE SIGNED 10-3 1-69 BALTO. MD. 21213 City, town, or county) (State)
19A. DATE OF 21A. ACCIDE OR CONTRIBLE OR CONTRIBLE DEATH (notify) 22D. Time (we) ond hour on- 23A. SIGNATU 23C. PHYSICIA NAME (I 24A. BURIAL CRE REMOVAL (BURIAL	NT WAS UNDERLYING UTING CAUSE OF medical examiner (Month) (Doy) (Year) Thot (this hospital loss sow the decease of from the couses stated and the couse stated	21B, hom etc. (Hour) 21E, Wh wo soll) oftended to sed olive on sold obove. (I	I. PLACE OF INJURY (e.g., ine, lorm, foctory, street, or ine, lorm, foctory, street, or ine, lorm, foctory, street, or ine, lord, street, st	No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. 19 69 ond the view the body ofter deoth. 23D. ADDRESS 570/THE ACTION CONTROL OF CONT	IN CERTIFYING C (If in Boltima URY OCCUR? 19 69 to at in (cour) of Shoff Phys CATION (akland, Ga;	pre City, give exact location) 10-3/ 1969 Dinlon death occurred on the do 23B. DATE SIGNED 10-3/-69 BALTO. MD. 2/2/3 City, town, or county) (State) rrett Co. Maryland



1-500 69 1	BALTIMORE CITY	HEALTH DEPARTMENT	00 10 -
BIRTH NO.	0786 CERTIFICA	TE OF DEATH REG. NO.	69 10786
1. NAME OF DECEASED		2. DATE AND HOUR OF DEA	TH
DEHNE,	ANNIE LILLIA	N OCTOBER	27.691 6:53P
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, I	If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND BAHOLO.	5300
ST. AGNES HOMPITAL			NSIDE CITY LIMITS?
WILKENS & CATON AVE		BALTIMORE	YES NO
BALTIMORE, MD. 21228	•	e. STREET AND NUMBER 2111 ROCKWELL AVE.	
5. SEX 6. RACE 7. MAI	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	II Under 1 Yr. II Under 24 Hrs.
FEMALE WHITE WIDO	WED DIVORCED	07-12-93 lost_birthdoy	II Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KI) done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY
RETIRED		MARYLAND	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
OTIS CLARK	DECID	MARY SMITH	DEC 'D
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	214-01-7008	ST AGNES HOSP. RECO	RDS 31 BALTO.MD.
18. 4 44.21	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	4		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE HEMORRHAGE -SMALL	ROWEL 29 Mas,
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	6.0	CONSEQUENCE OF:	DOTTEL
injury or complication which caused death.)	euse,		1 70
ANTECEDENT CAUSES	SUPERI	OR MESENTERICK ARTERY	in del healt
DISEASES OR CONDITIONS, if any, g	. (8)	A CONSEQUENCE OF: THROMB	
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	THICOND	0313
11		//	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NG .	HUMERUS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	MYOCARD I	AL INFARCTION - CHRON	IC PYELONEPHRITIS
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WER	F FINDINGS CONSIDERED
19A-DATE OF OPERATION 19R CONDITION WAS PERFORMED		IES	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in home, form, factory, street, affi	or obout 21 C. WHERE DID (if In Soltimice bldg., INJURY OCCUR?	ore City, give exoct location)
DEATH Inolify medical examined	etc.) home	2111 Rockwell	ALO
21D-TIME (Month) (Doy) (Yeor) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	PICES
E (APPROX.) 10-26-69	While AI No! While At Work	S/1/1 ped ON OCT. 27 1969 to 0	Stairs Full
22. I certify that (N) (this hospital) ottend	ed the deceased from	OCT 27 10.69 . O	CI 2/ 19 69
that (I) (we) last saw the deceased alive			pinton deoth occurred on the dote
and hour and from the causes stated above	e. W (We) (did) (XXXXX	out the harden days	primon decin decorred on the dots
23A. SIGNATURE	/	ew the body offer decth.	100 D. A. C.
(Callel IKH	M. Atten	ding Med. Staff 77	23B, DATE SIGNED
23C.PHYSICIAN'S	DEGREE Phys.	Director L Phys. L	10-28-69
NAME (Type)	23	BD. ADDRESS	
	DEGREE	ST. AGNES HOSP. WIL	KENS & CATON AVE.
24A- BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CREA		City, town, or county) (Stote)
Direct 7: 40	New Cathedral		
2.03	ME OF REGISTRAR	Cemetery Old Freder	ick Rd-Balto Md
NUV 3 1969 0666 E. Jack	ey red;		
VS 150-REV. 1/1/68	5 4 0	Edw-S. MacNabb-301 I	rederick Rd.212

TOTAL TOTAL TOTAL CONTRACTOR OF THE CONTRACTOR O perionile, - ser lain dessir to the an armatic transition

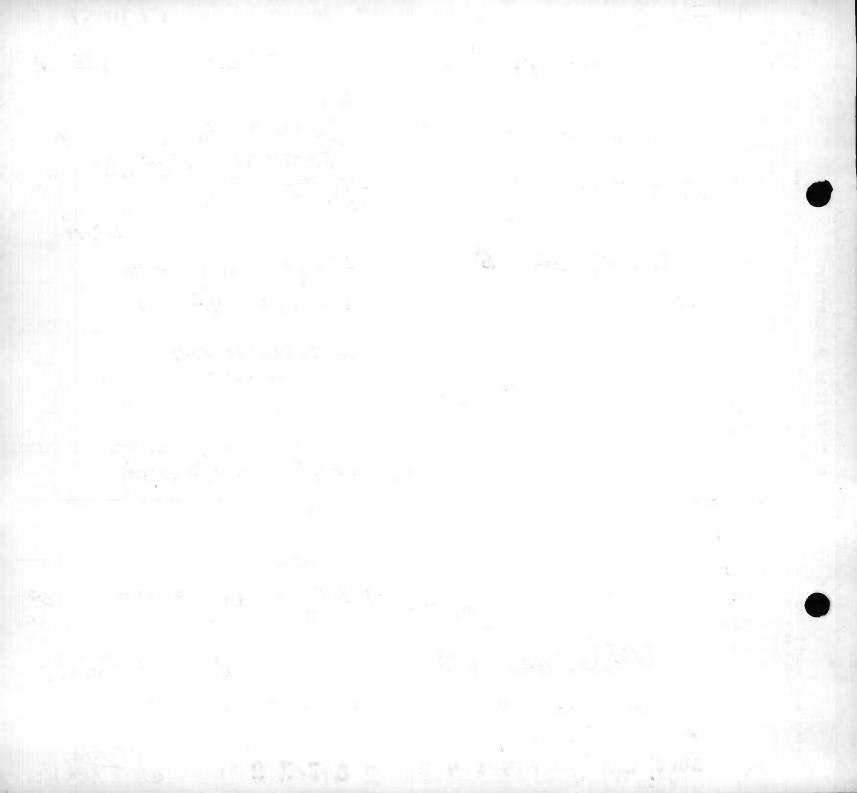
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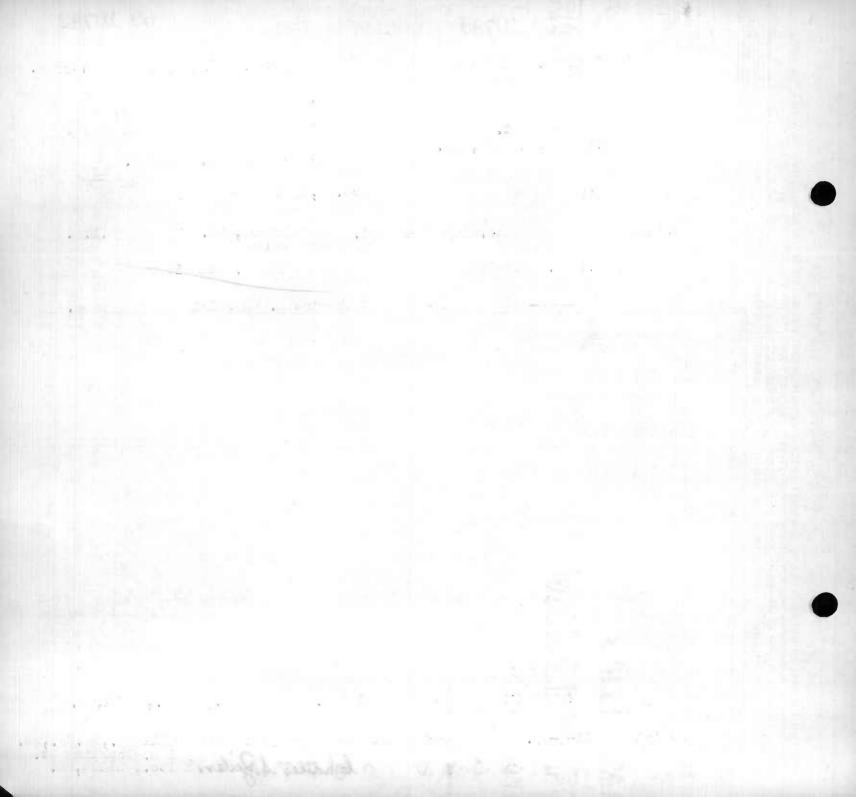
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GILL BELL FULL OF President of the American · Comme to wear a complete 79 10 10 10 10 10 10 201 1/21/201 The wat to be something

FUNERAL DIRECTOR: IMPORTANT

RTH NO.		J TO V	39 CERTIFICA	TE OF DEATH	REG. NO	69 10789
NAME OF DEC					AND HOUR OF DEATH	
pe or Print)	JOHN S.	KNOER	LEIN	Octo	ober 31 , 19	69 7:55 A. A
PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE IN A. STATE B. CO	here deceased lived. If it	nstitution: residence before odmission
JLL NAME OF OSPITAL OR	(IF NOT IN HOSPI' ADDRESS OR LOC	TAL OR INSTITU	JTION, GIVE STREET	Md.	In this	IDE CITY LIMITS?
ISTITUTION	613 Rappoli	la St.		Baltimore		YES X NO
00	Baltimore		. Md.	E. STREET AND NUMBER		120 [23]
				613 Rappo	olla St. # 2	1224.
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs Months: Doys Hours Min.
Male	White	WIDOWED [Oct.13,1900	69	
	UPATION (Give kind of wor working life, even if retired)	k 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or I	areign country)	12. CITIZEN OF WHAT COUNTRY
Retire	_	Balto.	City Fire De	nt. Baltimor	e . Md.	U.S.A.
FATHER'S NA	ME			14. MOTHER'S MAIDEN N		
	Lawrence F.	Knoerle	in	Anna	M. Schneide	270
Was Deceased	Ever in U. S. Armed Fa	rces?	1 6. SOCIAL	17. INFORMANT	Domina.	ADDRESS
No	Till yes, give wor ur dot	es di seivice/	None	Catherine L.	Vnoonloin	Cl - m -
1B	21/1		CAUSE OF DEAT	H PERMITTING NO.	WHOSTISTU	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASES (rise to the UNDERLYING) OTHER SIGNIF TO THE DEAT DISEASE OR C	not mean the mode of asthenia, etc. It means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. FICANT CONDITION S COME BUT TO THE BUT NOT RELATED TO CONDITION GIVEN IN PA	s the disease, dideath.) ony, giving stating the DNTRIBUTING (HE TERMINAL RT.) (A).	(B) DUE TO, OR AS	A STATIC OF A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	<i>E</i>	4 YRS
			OF PROSTAT			COSES OF BEATH.
OR CONTRIBL	NT WAS UNDERLYING [JTING [] CAUSE OF medicol exominer)	21B. hom etc.)	e, farm, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(II In Boltimo	re City, give exact locotion)
21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
(APPROX.)		War	k			- 1
	that (1) (this hospital lost sow the deceas		DC-T. 14	(0	1962 to OC	
				riew the body after deot		inion deoth occurred on the da
23A SIGNATU		1.	2,0			23 B. DATE SIGNED
Has	ery bac	elu	DEGREE Phy	ending Med. Director	Staff Phys.	11/1/69
	N/S		DEGREE	23D. ADDRESS		
73C PHYSICIA		TATIET	2. 0	108 8 Marila	n Arro Relto	03003 363
PHYSICIA NAME (T		ICELI	M.U.	TOO D. TRATO	T. WAGA THETTOO	• 'STSST'WG.
A. BURIAL CRE	JOSEPH M		M.U. DEGREE AME OF CR	108 S. Taylo		ity, town, or county) (Stote)
	JOSEPH M MATION, 248, DATE Specily)	24C. NA	M.O. DEGREE AME of CEMETERY of CR Sacred Heart	EMATORY 24D	LOCATION (C	

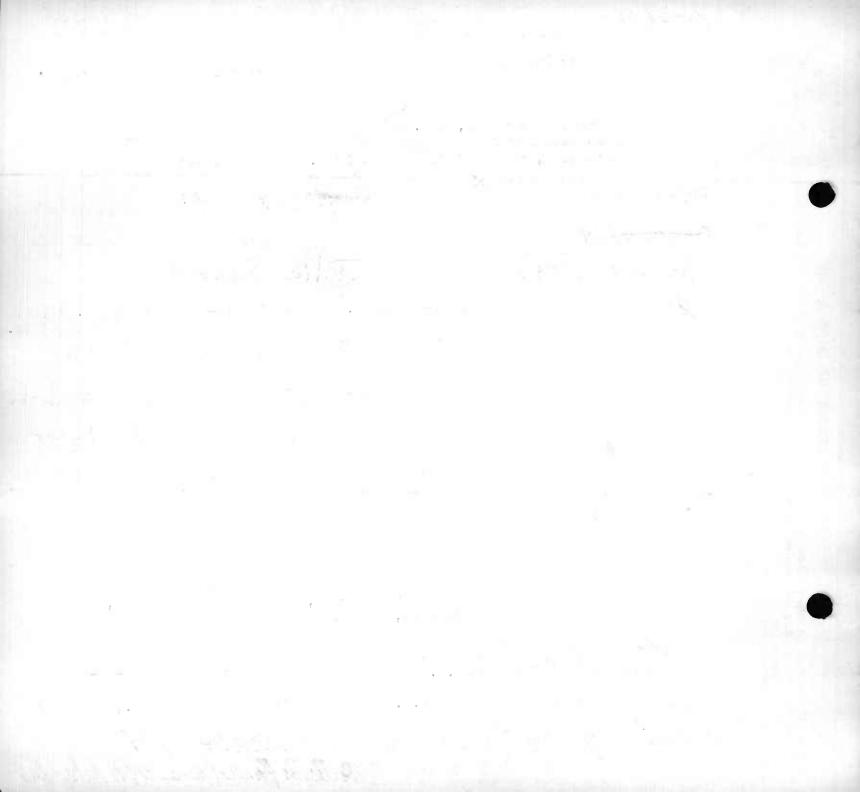


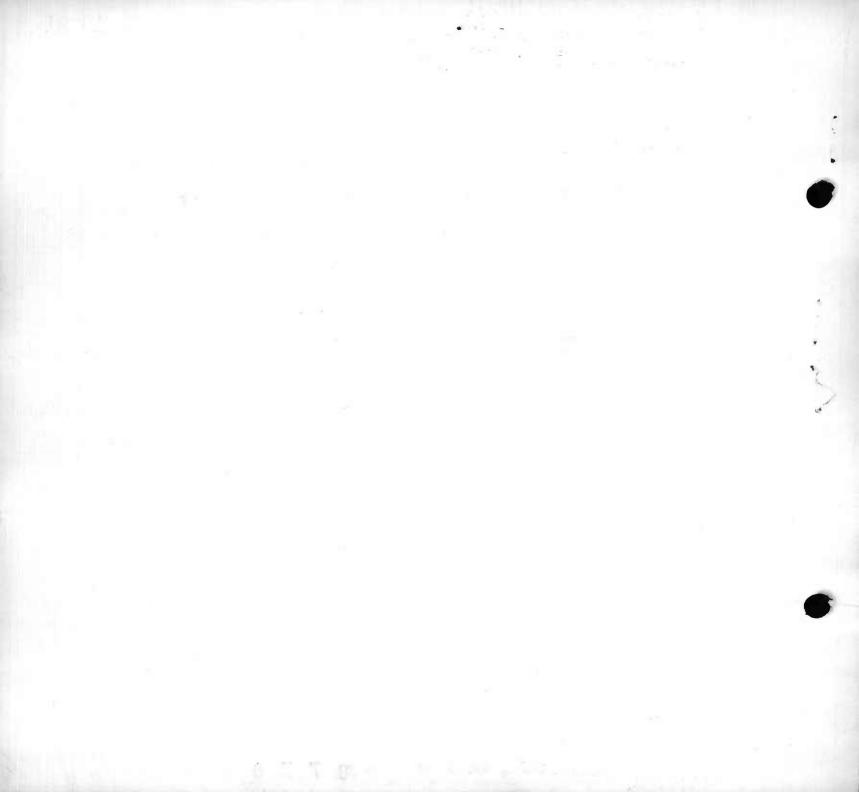
IMPORTANT

DIRECTOR:

FUNERAL

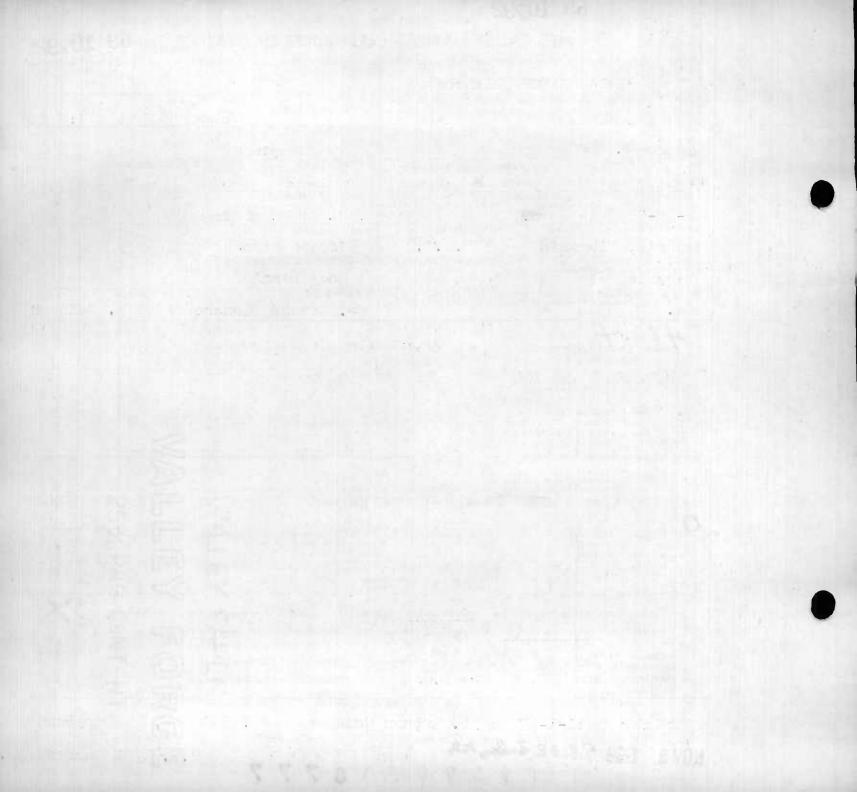
BALTIMORE CITY HEALTH DEPARTMENT 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence B. COUNTY p. D. INSIDE CITY LIMITS? YES 3d NO 1025 W. Fayette Street 9, AGE (In yours Il Under 1 Yr. Months! Doys If Under 24 His. 2. CITIZEN OF WHAT COUNTRY? ADDRESS 218-10-7804-A Mr. Albert Simmons- Friend 1031 W. APPROXIMATE INTERVAL 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 19 69 to October 29. and that In(my) (aur) apinian death accurred an the date 23B. DATE SIGNED 10-30-69 1514 Division Street Balto., Maryland (City, town, or county) ADDRESS VS 150-REV. 1/1/68





1 69 10792 BALTIMORE CITY HEALTH DEPARTMENT

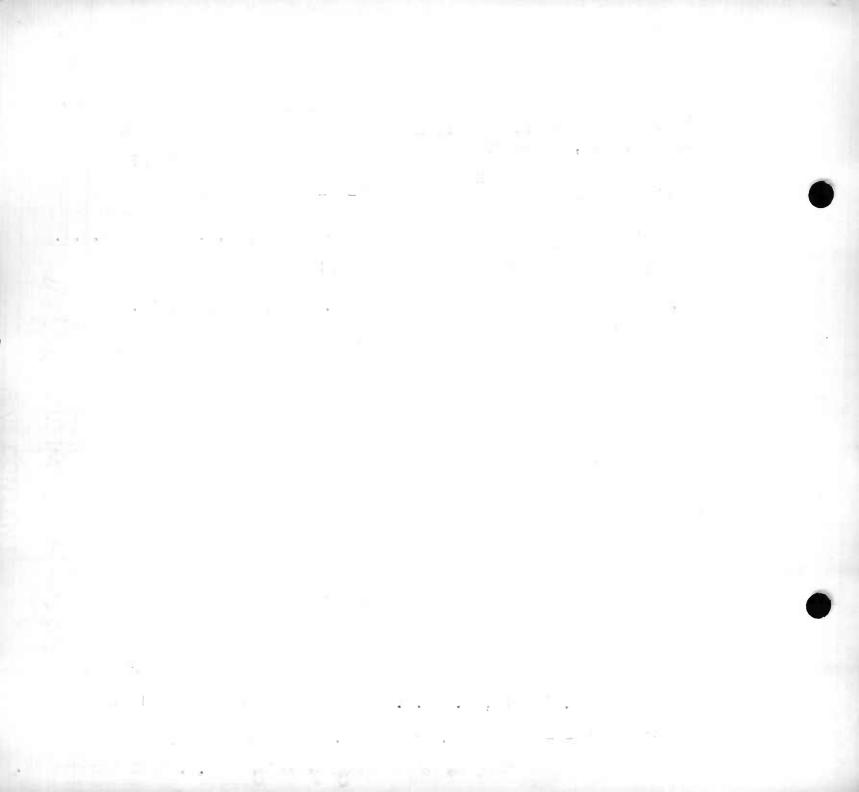
p-45	2 MED	DICAL 5	EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	69 10202
BIRTH NO.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			REG. NO	, 00 10/32
NAME OF DE	CEASED			2. DATE Known Manth Day	Year Haur
Type or Frint)	MOSES BLEN	CH (B)	.anche)	OF DEATH Estimoted	M.
PLACE IN BA	LTIMORE, MARYLAND, V	WHERE PROP	IOUNCED DEAD	3. DATE Manth Doy	Year Hour
ULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITU ATION)	TION, GIVE STREET	PRONOUNCED DEAD October 28 5. USUAL RESIDENCE (Where deceased lived, If institution of the control of the cont	
-0-0	N. Smallwoo	d Stree	t	A. STATE Maryland B. COUNTY	
. SEX	7. RACE	8. MARRIED	☐ NEVER MARRIED ☐	C. CITY OR TOWN D. INSIDE	CITY LIMITS?
Male	Negro	WIDOWED		Baltimore	YES 🖾 NO 🗌
DATE OF BIRT	TH 10. AGE (I	n yeors If	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.	E. STREET AND NUMBER	TISE NO E
6-30-0		60		30 N. Smallwood Street	
	(Stote or foreign country) a, Virginia		WHAT COUNTRY?	Joseph Blanche	
				15. MOTHER'S MAIDEN NAME	
one during most of Disab.	working life, even Ifretired)			Lucy Dennis	
	SED EVER IN U.S. ARMEI		17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS
NO .	(If yes, give wor or dotes	or service)	SECURITY NO.	Mr. Edward Blanche 11	56 N. Calhoun
19. /	201		CAUSE OF DEA		APPROXIMATE INTERVAL
DISEAS	SE OR CONDITION DIRE LEADING TO DEATH	CTLY		sclerotic Cardiovascular Dise	BETWEEN ONSET AND DEATH
	not mean the made of dy		(A)IMMEDIATE O	AS A CONSEQUENCE OF:	
heart failure	e, asthenia, etc. It means the mplication which coused de	e disease, ath.)			
	NTECEDENT CAUSES		(B)	**************************************	
RISE TO TH	OR CONDITIONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:	
UNDERLYI	NG CONDITION LAST.		(c)		
5	11		() ,		
2 TO THE DE	NIFICANT CONDITIONS C ATH BUT NOT RELATED TO R CONDITION GIVEN IN P	THE TERMINA	1		
20A. DATE O		` '	R WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes ar Na)
16					no
UNDERLYING	RNAL CAUSE WAS	22B hon	PLACE OF INJURY(e.g., ne, farm, factory, street, office	in ar about 22C. WHERE DID (If in Baltimare City, give e bldg., etc.) INJURY OCCUR?	
UTING LICA 22D. TIME	AUSE OF DEATH. (Manth) (Day) (Yea	r) (Haur)	22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY	(mainin) (Day) (Tea	(Maur)		WHILE C	
(APPROX.)		m.		ORK	
23.	tify that I held on I	nquiry 🗌	Inspection 🖾 Au	topsy and that an this basis, death In m	y opinion
resul	Ited from: Natyrol cou	ses X	Accident Sujcio	le 🗌 Hamicide 🔲 Undetermined monner	
	1	1 1	1/ . /	CHIEF MEDICAL EXAMINER	T-ST WEST
ACTUAL		1 1/1	1 de la lande	ASSISTANT MEDICAL EXAMINED	DATE SIGNED
SIGNAT		NT 17	M.D		*0/00/00
NAME (N. Korn	blum,M.D.	ASSOCIATE MEDICAL EXAMINER	10/29/69
4A. BURIAL CRE			4C. NAME of CEMETERY	or CREMATORY 24D, LOCATION (City, to	wn, or caunty) (State)
Buria	ify)		Mt. Auburn		
	1969 Cabus	258 NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS 1701 Laurens
NUY 3 S 151-REV. 1/1/6		19	690	Hollion & Dilli P. II.	2102 2000 0110
J 101-KLT, 1/1/0		4	7		



IMPORTAN DIRECTOR: FUNERAL

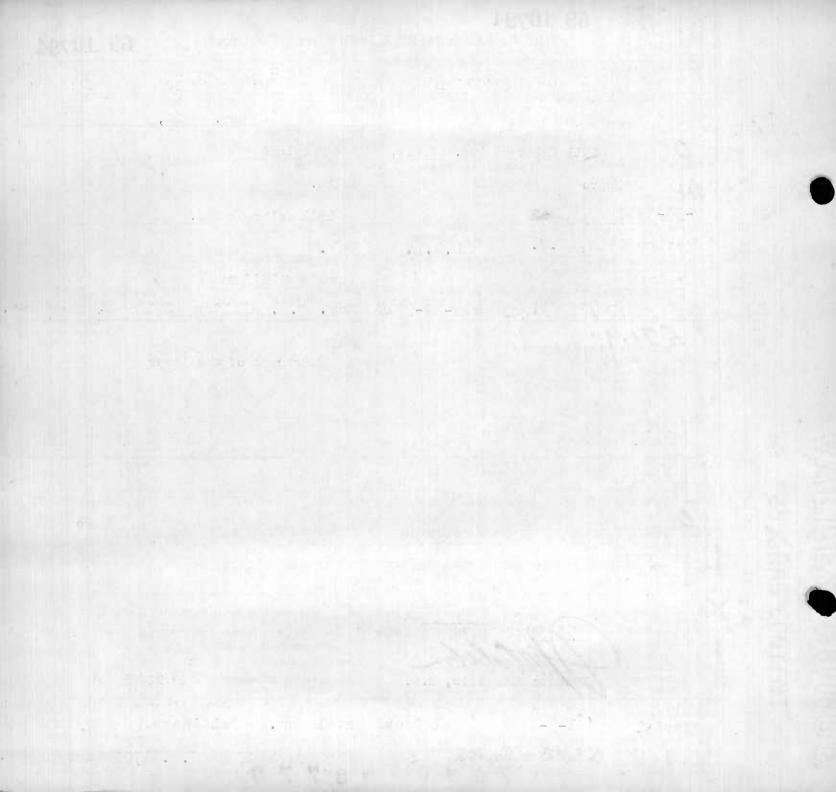
VS 150-REV. 1/1/68

4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES 7 NO If Under 1 Yr. Months! Doys Il Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II In Boltimore City, give exoct location) and that In(my) (our) opinion death occurred an the date 23 B. DATE SIGNED THE JOHNS HOPKINS HOSPITAL (City, town, or county) Maryland F.H. 1701 Laurens St.

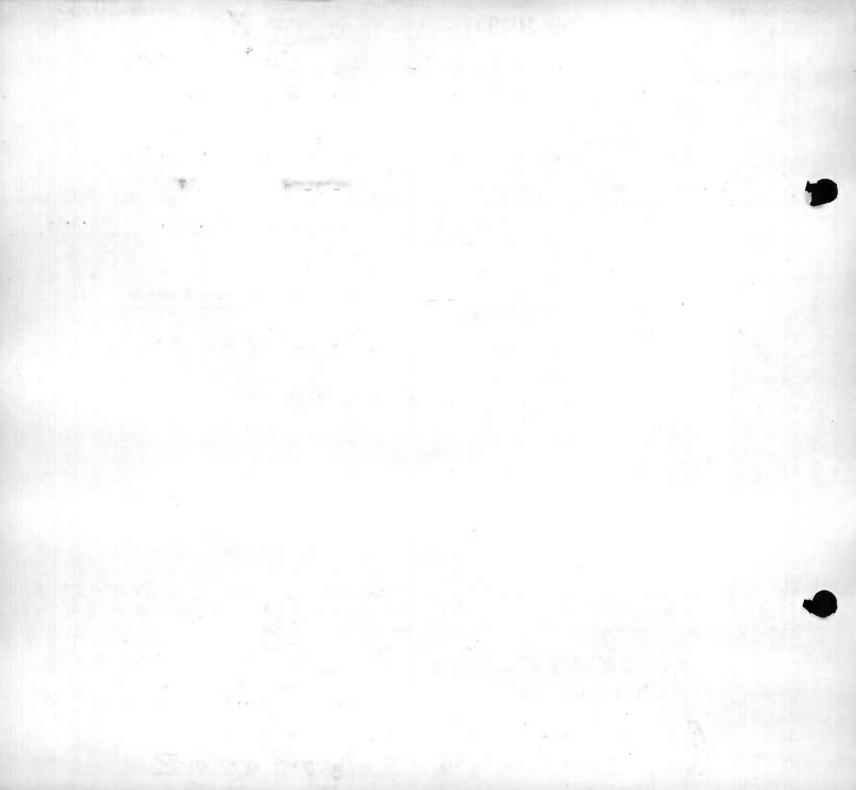


H-450

69 10794 BALTIMORE CITY HE	EALTH DEPARTMENT	
D-120 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	No. 69 10794
BIRTH NO.		10/01
1. NAME OF DECEASED (Type or Print)	2. DATE Known Manth Day	Yeor Haur
SAMUEL DAVIS (Hillian)	DEATH Estimated 10 30	69 11:40 рм.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD Oct. 30	. 1969 11:40 pm
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, If instit	
2911 Walbrook Ave. D.O.A.	A. STATE B. COUN	1506
S. SEX 7. RACE B. MARRIED NEVER MARRIED TO	11	E CITY LIMITS?
Male Negro WIDOWED DIVORCED DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	Balto.	YES NO
9-30-1907 last birthday) Months, Days Hours, Min.	2911 Walbrook Ave.	
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Chesterfield, S.C. WHAT COUNTRY?	Unk.	
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR		
ane during mastof warking life, even if retired) Retired	Tessie Hillian	
A WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT	ADDRESS
Yes 19-22-371		911 Walbrook Ave
19. CAUSE OF DEA	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3/1.9		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE Cirrhosis of the liv	
(This does not mean the made of dying, e.g.,	AS A CONSEQUENCE OF:	EL
heart foilure, osthenio, etc. II meons the diseose, Injury ar camplication which caused deoth.)	AS A CONSEQUENCE OF.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	R AS A CONSEQUENCE OF:	
DISEASE OF CONDITION GIVEN IN PART 1 (A)		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	WAS DEAL OR WED	To altropole (V
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED	21. AUTOPSY? (Yes or Na)
		No
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g. hame, form, foctory, street, affi	vAS PERFORMED ., in or obout 22C. WHERE DID (If in Boltimore City, givice bldg., etc.) INJURY OCCUR?	No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	., in or obout 22C. WHERE DID (If in Boltimore City, givice bldg., etc.)	No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., hame, form, foctory, street, affi 22B. TIME (Month) (Doy) (Yeor) (Hour) (22E. INJURY OCCURRED OF INJURY (APROV)	., in or obout 22C. WHERE DID (If in Boltimore City, giv ice bldg., etc.) INJURY OCCUR?	No
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22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1 certify that I held an Inquiry Mork of Mo	ond that on this basis, death In Homicide Undetermined monrous CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 10/ Yor CREMATORY 24D. LOCATION (City, give like bldg., etc.) 22F. HOW DID INJURY OCCUR? Utopsy ond that on this basis, death In Undetermined monrous CHIEF MEDICAL EXAMINER 10/ ASSISTANT MEDICAL EXAMINER 10/ Yor CREMATORY 24D. LOCATION (City, give Nat'l Cem Baltimore	My opinion my opinion ner DATE SIGNED 31/69 town, or county) (Stote) Pe , Maryland ADDRESS



VS



1. NAM (Type or	AE OF DECEASED	E.		/ D	2. DATE OF	Knawn 🗆	Month	Doy	Yeor	Hour
	E		YNUM	(Bynum)	DEATH	Estimated				31
A R						NCED DEAD	Month	Day	Year	Hour
OR INST	ITUTION	DIESS OF BOOM	PLI	VDED 12/8/69	5. USUAL RE	SIDENCE (When	novem!	per 1,1	969	11:0
T	UNIVERSITY	HOSPITA	L		A. STATE			B. COUNTY		07
6. SEX	7. RAC	E	8. MARR	HED NEVER MARRIED	C. CITY OR	Maryland TOWN		D. INSIDE	CITY LIMITS?	0/
Fema	ale N	legro	WIDOY		Baltim	ore			YES 🔀	No 🗆
9. DATE	OF BIRTH	10. AGE (in	yeors	If Under 1 Yr. if Under 24 Hrs.	E. STREET A	ND NUMBER			الدع ليا	NOL
3-	1-1934	lost birthdoy	35	Months: Doys : Hours Min.	1 0 - 0 1	oward Sti	reet			
11. BIRTI	HPLACE (State or fo	reign country)		12. CITIZEN OF	13. FATHER'S					
	timore,			WHAT COUNTRY?		ssaway		r		
dane duri	AL OCCUPATION ng most of working lif	(Give kind of work I e, even If retired)	4B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHER	S MAIDEN NA	ME			
			Ancl	nor Hocking	Pea	rl Rand	all			
(Yes, no o	DECEASED EVER	IN U.S. ARMED Ive wor ar dates o	FORCES of service	SECURITY NO.	18. INFORM				ADDRESS	
NO .				216-30-560 CAUSE OF DEA		. Pearl	Park	er 253		Moshe
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Letter dated 12/4/69 from Dr.Ronald N.Kornblum

BALTIMORE CITY HEALTH DEPARTMENT 69 10797. CERTIFICATE OF DEATH of death Deceased Such BIRTH NO. I. NAME OF DECEASED (Mable םם (Parker hospital 10-30-69 Parker eath. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE (2) canse FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ŏ cause; C. CITY OR TOWN TE AMENDE Baltimore contributing pria at E. STREET AND NUMBER Mercy Hospital Undetermined regular mad 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years lost bigthday) deceased MARRIED NEVER MARRIED WIDOWED A DIVORCED ispasition is 10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired) Housewife Home MOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 3 Joseph Hicke Rose Hardy eath 0 O 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wer at dates of service) 6. SOCIAL final SECURITY NO. attendance Imed ar fina Mrs. Edith Dennis No. any 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: ular ba heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E ANTECEDENT CAUSES 0 DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the re the physician physician was in UNDERLYING CONDITION last the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTIFICATION Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED YES before 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, affice bidg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where hospital o Z MEDICAL DEATH Inatify medical examined obtained 21D. TIME OF INJURY 9 (Month) (Doy) (Year) (Houd 21 & INJURY DCCURRED 21F. HOW DID INJURY OCCUR? Nat While (except While At [APPROX] and to the 22. I certify that (I) (this hospital) attended the deceased fram..... pe that (I) (we) last saw the deceased alive on_ ...19__ of hospital eath) and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. must accident 23A. SIGNATURE O Attending Med. 0 Director approval 8 23 C. PHYSICIAN'S NAME (Type) prior 23 D. ADDRESS to An 24A. BURIAL CREMATION, REMOVAL (Specily) 24C. NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION decease Baltimore 11-3-69 Park Memorial Burial Arbutus SDM REGISTRAR 25C. FUNERAL DIRECTOR

IMPORTANI

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

REG. NO. 69 1079 2. DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: tesidence D. INSIDE CITY LIMITS? YEST NO 2321 N. Longwood St If Under 1 Yr. Manths! Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? Maryland, Baltimore U.S.A. ADDRESS 2321 Longwood St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exect location) and that in (my) (our) apinian death accurred an the date 23 B. DATE SIGNED (City, town, or county) (Stote) Maryland ADDRESS Laurens F.H. 1701

11/13/69 - Correction form from funeral director.

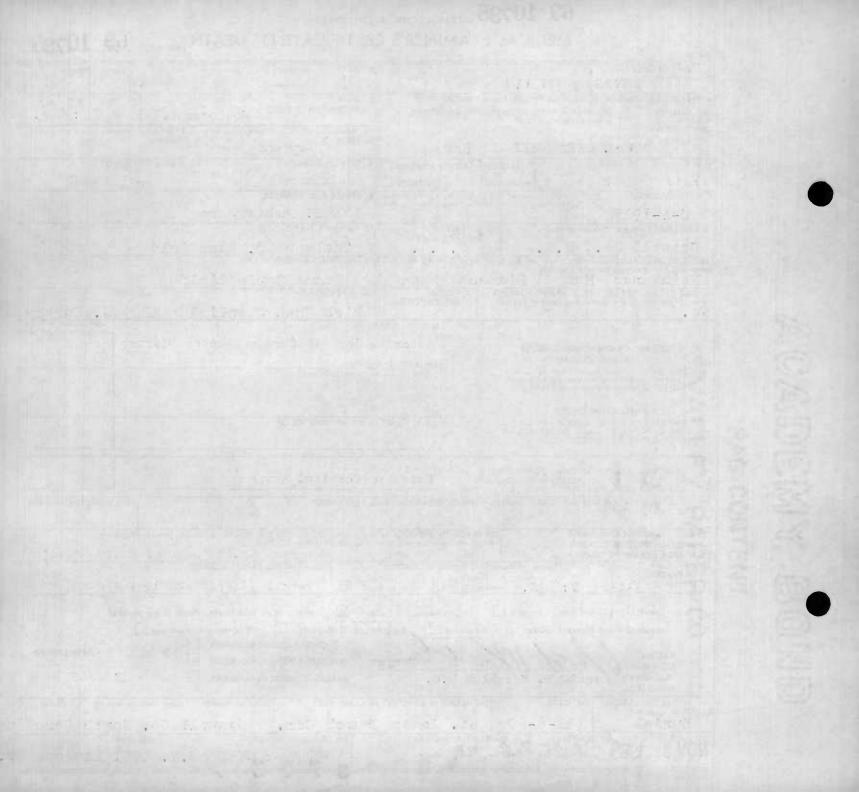
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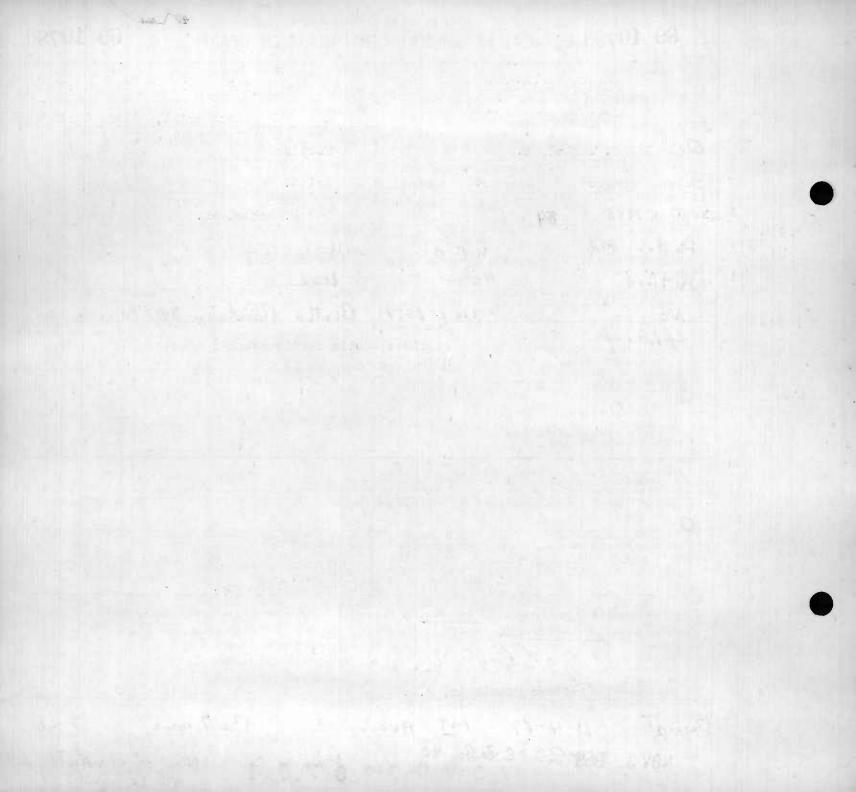
VS 151-REV. 1/1/68

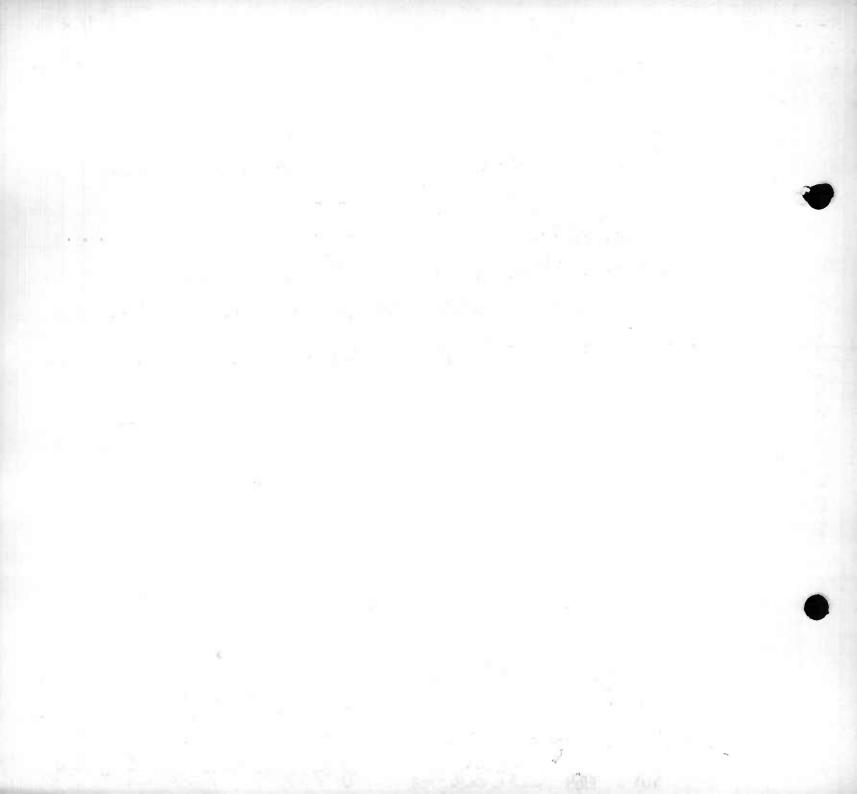
69 10798 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	MED	DICAL	EXAMINER'S	CERTIF	CATEO	F DEAT	H REG. NO.	69	10798
I. NAME OF DE	CEASED R OTTANT	TELD		2. DATE OF	Known 🔲	Month	Doy	Year	Hour
	THOMAS STANF		NAME OF THE PERSON OF THE PERS	DEATH	Estimated L				N
FULL NAME OF	ALTIMORE, MARYLAND, 1		TUTION, GIVE STREET	3. DATE	UNCED DEAD	Month	Doy	Year	Hour
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATION)	IOTION, GIVE STREET	5. USUAL	RESIDENCE (Who				7:30 A. Abefore odmission)
	ALTO. CITY HO			A. STATE	Maryland		B. COUNTY		808
6. SEX	7. RACE	8. MARRIE	ED NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CI	TY LIMITS?	0 -
Male	Negro	WIDOWE	DIVORCED	Ba1	timore		YE	s 🗷	NO 🗌
9. DATE OF BIR	last birthde		If Under 1 Yr. II Under 24 Hrs. Aanths Days Haurs Min.		N. Durha	m Stree	e t		
II. BIRTHPLACE	(State or foreign country)	1	2. CITIZEN OF	13. FATHER					
Caswel	1 Co., N.C.		WHAT COUNTRY?	Cha	almers I). Star	nfield		
dane during most of	UPATION (Give kind of work working lile, even ifretired)	14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN N	AME			
Mainta			nond Press	Bu	iena Spr	ingfic	eld		
16. WAS DECEAS	SED EVER IN U.S. ARME n) (If yes, give war or dates	of service)	17. SOCIAL SECURITY NO.	IB. INFOR	MANT		AI	DDRESS	
No.				Miss	Jean S	stanfie	eld 12	03 N.	. Durham
19.	24 4	- 52/	CAUSE OF DEA	TH					PROXIMATE INTERVAL
DISEA	SE OR CONDITION DIRE	CTIV	Arterio	sclero	tic Cardi	ovascu]	lar Disea		TELL ONSEL AND DEAL
DISEA	LEADING TO DEATH	Citi	4. NAMEDIATE	AlleE					
(This does	not mean the made of d	ying, e.g.,	(A)IMMEDIATE (DUE TO, OR	AS A CONSE	QUENCE OF:		***************************************		
injury or co	e, asthenia, etc. It means th implication which caused de	oth.)							
	OR CONDITIONS IF AN	V GIVING	(B) DUE TO OR	AS A CONS	QUENCE OF:				
RISE TO TH	OR CONDITIONS, IF AN	TING THE	55210, 58	No 14 00 (15)	TO LINCE OF				
Z	ING CONDITION LAST.		(c)						
E	11	34				W			
U TO THE DE	NIFICANT CONDITIONS C EATH BUT NOT RELATED TO DR CONDITION GIVEN IN F	THE TERMIN	NG Fractur	e Cerv	ical Spin	ne			
20A. DATE O	OF OPERATION 20B. CO	NDITION F	OR WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes or No)
_	DAIAL CALICE WAS	la	OD BLACE OF BUILDRY		200 1444				es
/ 1	RNAL CAUSE WAS	h	2B. PLACE OF INJURY(e.g., ame, form, foctory, street, offic	e bldg., etc.)	INJURY OCCUR	? `			
	AUSE OF DEATH.		Street		Monument			Haven	Street
OF INJURY	(Month) (Doy) (Yea	r) (Hour)	22E INJURY OCCURRED		22F. HOW DID I	NJURY OCC	UR?		
(APPROX.) 1	1-1-69 7:00	A. n	n. WHILE AT AT W	WHILE K	Driver co	11aspec	d and los	st con	trol of ca
23.									
1 cer	rtify that I held an	Inquiry	Inspection Au	topsy X	ond that on	this basis,	death in my	opinion	
resu	Ited from: Natural con	ses 🗌	Accident X Suicio	le H	omicide 🔲	Undetermi	ned manner		
	//	1211	711		CHIEF MEDICAL	EXAMINER			
SIGNA		UK	sul M.D	ASS	ISTANT MEDICA	LEXAMINER	X		DATE SIGNED
EXAMIN NAME	NER'S Ronald N.	. Korni			OCIATE MEDICAL	LEXAMINER		11/2	/69
24A. BURIAL CRE	EMATION, 248. DATE		24C. NAME of CEMETERY	or CREMAT	ORY 241	LOCATION	(City, Iown	, or county)	(Stote)
REMOVAL (Spec	11-6		St. James	Church					h Carol
25A, DATE REC'E	D BY HEALTH DEPT.	258. NA	ME OF REGISTRAR	25C.	FUNERAL DIREC	TOR	Al	DDRESS	

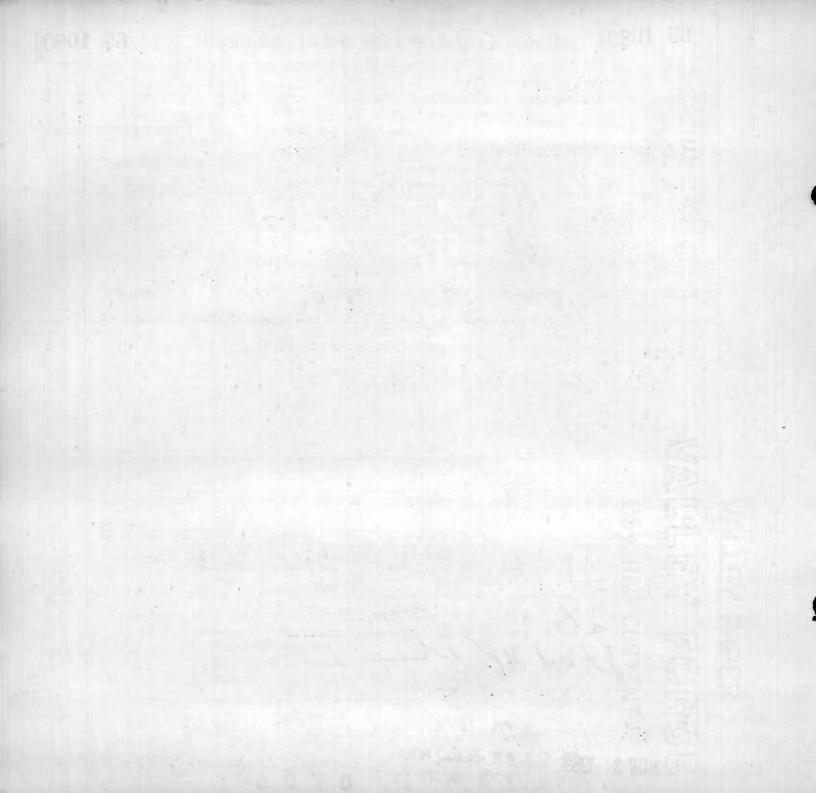


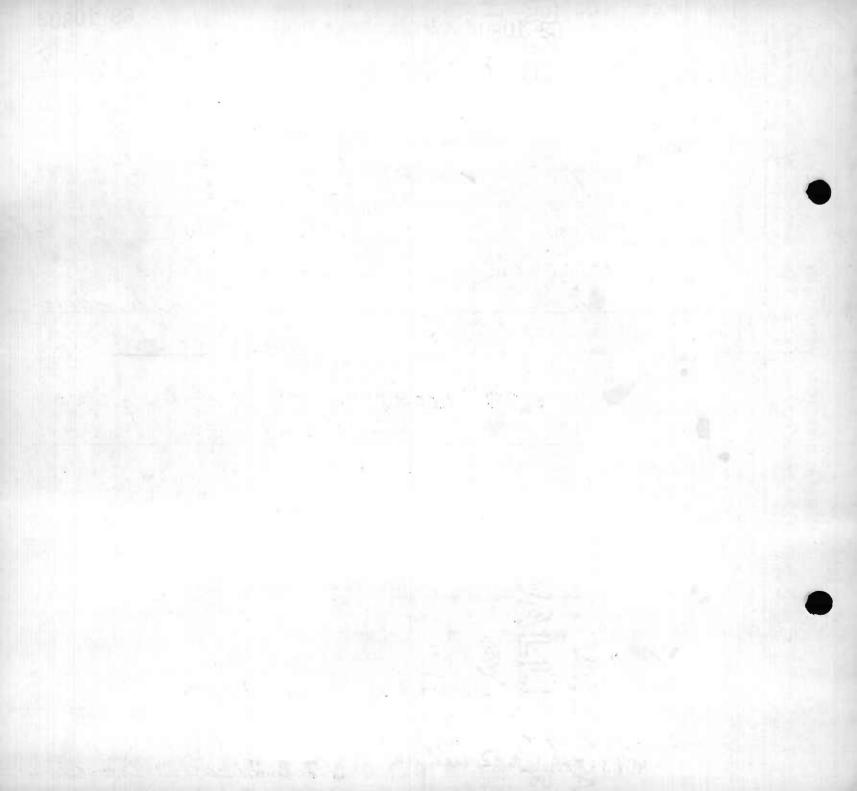
69 :	10799	MEDIO	CAL	EXA	MINER	'S CI	ERTIFIC	CATE OF	DEAT	H REG. NO	69	107	99
BIRTH NO.									-				
I. NAME OF DEC (Type or Print)			ou on	0.2		2	DATE OF	Known X	Month	Doy	Yeor	Hour	
	HARRY		CKST				DEATH	Estimoted U	10	31	69	10:15	ам.
4. PLACE IN BALT						3		NCED DEAD	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS (OR LOCATIO	N)	IUIION, C	SIVE STREET		. USUAL RI	SIDENCE (When		ed. If institution:	1969 residence b	10:15	a _{M.}
00 31	L7 S. Bet	hel S	t.			1	A. STATE	Maryland		B. COUNTY		301	
6. SEX	7. RACE			D D NI	EVER MARRIE	пП	C. CITY OR			D. INSIDE CIT	Y LIMITS?		
Male	Negro		VIDOWE		DIVORCE		1	Balto.		140	. 🗆		
9. DATE OF BIRTH		AGE (In ye			Yr. If Under 2			ND NUMBER		YE	5 🗀	ио Ц	
Septi 11,	los	t birthday)			oys Hours				.1 1 C4				
11. BIRTHPLACE (S	1	84	1	2. CITIZ	i i	,	3. FATHER'	817 S. Be	tuer 30	• •			
Palto.	, pred.		17	WHAT	COUNTRY?		u	ham	~				
14A.USUAL OCCU	PATION (Give kine	d of work 14	KIND	OF BUSII	VESS OR IND	USTRY	5. MOTHE	S MAIDEN NA	ME				
done during most of w		retired)		Non	م		2	Inhan	_				
16. WAS DECEASE	ED EVER IN U.S.	ARMED F	ORCES?	17.	SOCIAL		B. INFORA	IANT		AD	DRESS		
(Yes, no or unknown)	(If yes, give word	or dotes of	service)		SECURITY NO		B.	H. R.	Last.T	3417	FALL	A	میا
19. DISEASI	I E OR CONDITIO	N DIRECT	ıy		CAUSE OF	DEATH		cardiova	scular	disease		PROXIMATE INT EEN ONSET AN	
	LEADING TO DE				(A)IMMED	DIATE CA	IISE						
heort foilure,	ot meon the moo , osthenio, etc. It m aplication which co	eons the di	seose,				A CONSEQ	UENCE OF:			*********	,,,	
DISEASES OF THE UNDERLYIN	NTECEDENT CAU DR CONDITIONS : ABOVE CAUSE NG CONDITION	S, IF ANY, C (A) STATIN LAST.	IG THE		(B)	O, OR AS	S A CONSEC	QUENCE OF:					
OTHER SIGN TO THE DEA DISEASE OR	IFFICANT CONDIT ATH BUT NOT REL CONDITION GIV	ATED TO TH	E TERMIN									****	
20A. DATE OF	OPERATION 2	B. COND	ITION F	OR WHI	CH OPERATIO	ON WAS	PERFORM	ED			21. AUTO	PSY? (Yes or	No)
O											N	Io	
OHINDEDIVING	NAL CAUSE WAS							2C. WHERE DID NJURY OCCUR?	(If in Boltimor	re City, give exo			T
	(Month) (Doy)	(Yeor)	(Hour)	22E 1N	JURY OCCU	PPED	2	2F. HOW DID IN	HILIPY OCCI	ID2			
OF INJURY (APPROX.)	(Monni) (Doy)	(1601)		m. WHILE		NOT W AT WO	HILE	27. 110 W DID 11	TORT OCC	JK!			
23.	ify that I held	on Inq	uiry [] ins	pection X	X Auto	psy 🗌	ond that on	this bosis,	deoth in my	opinion		
result	red from: Notu	and and	s VX	Accid	ent	Suicide	П	micide 🗌	Undetermi	ned manner	7		
ACTUAL SIGNATI		Heli	le	ch	De.	M.D.	ASSI	CHIEF MEDICAL	EXAMINER EXAMINER	□ ⊠x		DATE SIGN	ED
EXAMINI NAME (T		idoro	Mih	2126	is, M.D		ASSC	CIATE MEDICAL	EXAMINER	10/3	1/69		
24A. BURIAL CREA	MATION, 24B.	DATE	PILII		AME of CEM		CREMATO	DRY 24D	LOCATION		, or county) (Stote	;)
Burinu	111	-4-	69	1	MT. F	AUb	UNN	C	Bal	Timore		m	1.
25A. DATE REC'D	BY HEALTH DEP	T.	25B. NA	ME OF	REGISTRAR	, , ,		UNERAL DIRECT	TOR	Al	DDRESS _		
NOV	3 1969	Robe	38	Jab	M.D.		2 E	Lyon (4. W	· (sa 1	00013	HITC	in A
VS 151-REV. 1/1/68			7	200	7 13	No.	0	1 4	1	0-	14	M.J.	1



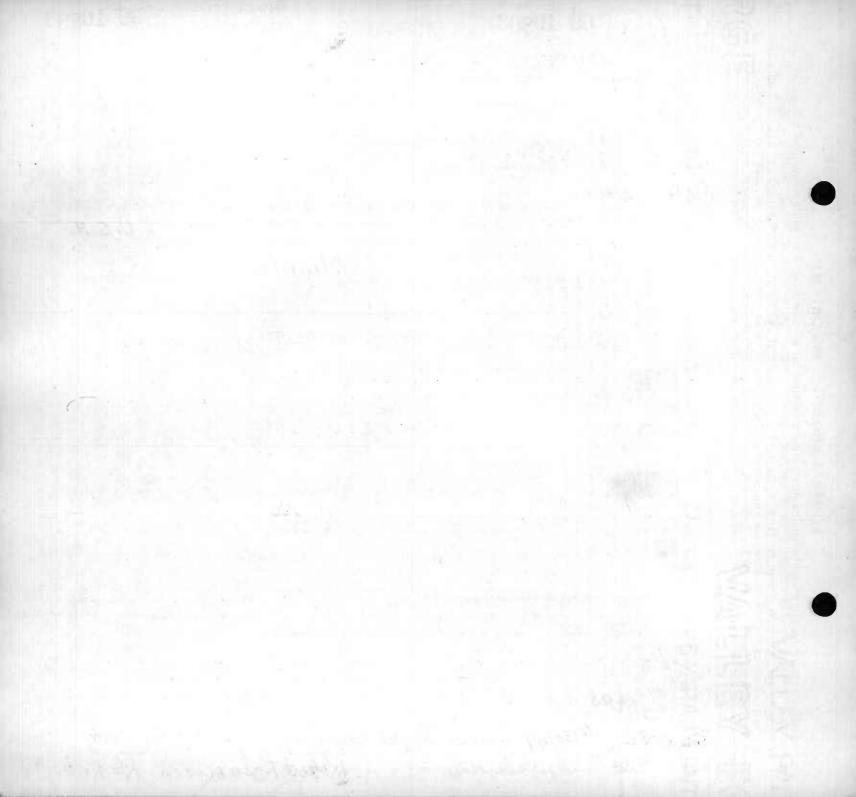


	BALTIMORE CITY HE	ALTH DEPA	RTMENT				
	69 10801 MEDICAL EXAMINER'S O	CERTIFI	CATE OF	DEATH		69	10801
BIR	TH NO.				REG. NO.	.,,	10001
	NAME OF DECEASED oe or Print) TOA TAXY TOATTO	2. DATE OF	Known 🗌	Manth	Day	l'ear	Haur
	ISAIAH JONES PROPERTY OF THE P	DEATH 3. DATE	Estimoted [h4 4l	D	/	Hour
FUL	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		UNCED DEAD	Month	31,1969	Yeor	7:25 P.
	SPITAL ADDRESS OR LOCATION) INSTITUTION	5. USUAL R	ESIDENCE (When			dence be	
	3 CHURCH HOME AND HOSPITAL	A. STATE	Maryland	В.	COUNTY		301
6. 5	FEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR	TOWN	D	. INSIDE CITY LIF	MITS?	
	Male Negro widowed □ DIVORCED 🔀		imore		YES Y	N	10 🗆
9. [DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Doys; Haurs; Min.	1	AND NUMBER				
2	BIRTHPLACE (State or foreign country) / 12. CITIZEN OF	2/ Sc	outh Eden	Street			
11.	Baco de what country?	13. PAINER	A. (7	L		
14A	USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME	~		
dan	during most af warking life, even if retired)	m	na e.	ONDIA	subje 1		
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	IB. INFOR	MANIT	·	ADDRE	SS	21
(163	221 - 22 - 9665	Hae	nce an	149121	34 Caros	ere.	St
	CAUSE OF DEA	тн	0				ROXIMATE INTERVAL EN ONSET AND DEAT
	DISEASE ON CONTINUE DIRECTE	e Gunsh	ot wound	s and sta	ab wounds		
	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO OR	CAUSE AS A CONSEG	WENCE OF				
	heart lailure, asthenia, etc. It means the disease, injury or complication which caused deoth.)	AS A CONSEG	DENCE OF:				
		AS A CONSE	QUENCE OF:				Da - Ca
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
Ó	(C)				******************************		an alphable (i) an annap <u>de ser u</u> e (ii) de anneps des alphables ap
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						***********
ERT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORM	MED		21.	AUTOP	SY? (Yes or No)
	2					ye	S
CAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., home, form, factory, street, affice	in ar obout 2 ce bldg., etc.) I	22C. WHERE DID NJURY OCCUR?	(If in Baltimare	City, give exoct lace		2 -1
MEDI	UTING CAUSE OF DEATH. Streets		Baltimore			S	301
	OF INJURY						
	(APPROX.)Oct.31,1969 7:20 P _m . WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WORK X	ultiple g	unshot v	ounds an		of body
	I certify that I held an Inquiry Inspection Au	Itapsy X	and that on	this basis, de	eath in my apin		or body
	resulted from: Natural couses Accident Sulci	de 🗌 🖽	omicide X	Undetermine	d manner		
	ACTUAL & hed White		CHIEF MEDICAL	EXAMINER			DATE SIGNED
	SIGNATURE MICHAEL M.E.	D. ASSI	ISTANT MEDICAL	EXAMINER 2	<u>d</u>		
	EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	ASSC	OCIATE MEDICAL	EXAMINER _	J	11/1	/69
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATA	PRY , 24D	LOCATION	(Çity, town, or o	ounty)	(Siale)
RE	MOVAL (Specify)	1	not	13/10	1		mex
25/	A. DATE REC'D BY HEALTH DEPT. 25% NAME OF REGISTRAR	255	FUNERAL DIREC	TOR	ADDRE	SS	
	ways onen OR AE Farber MD.	011	N. /	1-	m.	1	1-60

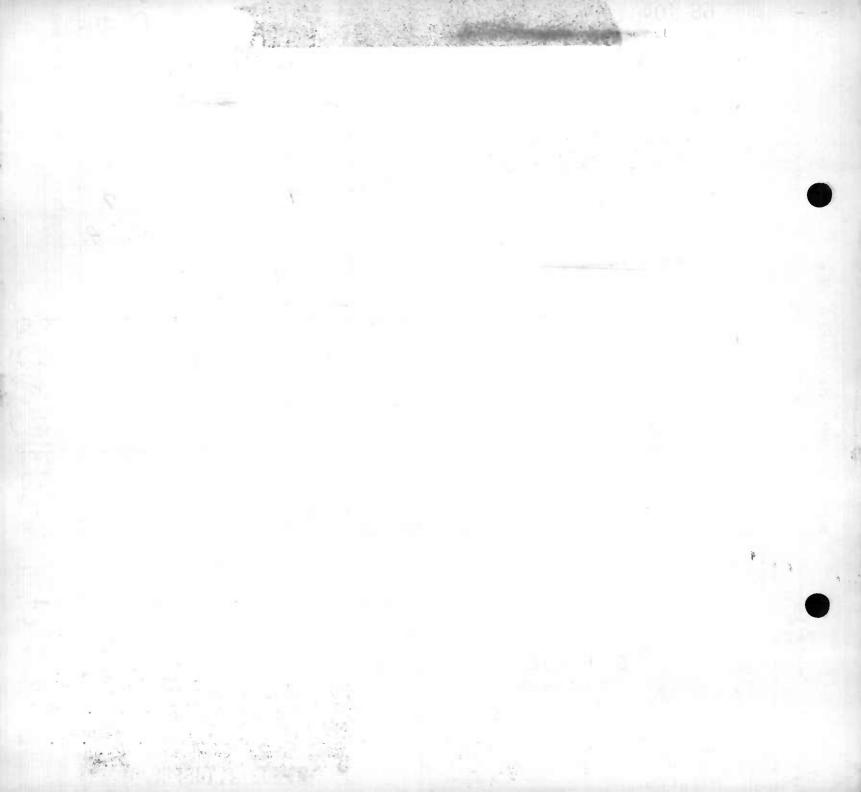




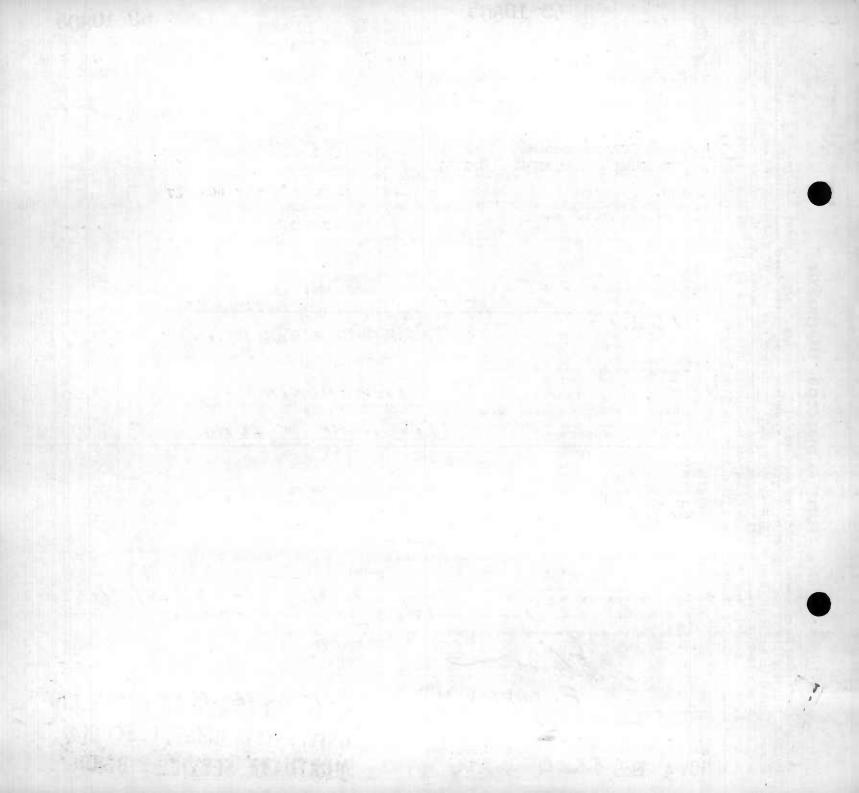
(-416		BALTIMORE CITY	I HEALTH DELAKTMENT		00 100
BIRTH NO.	69 10803	3 CERTIFICA	ATE OF DEATH	REG. NO	69 10803
Type or Print)	OUSTON	E. COLB		-26-69	143e
UNIVERSI	NOT IN HOSPITAL OR IN	NSTITUTION, GIVE STREET		D. INSI	stitution: residence before odmission DE CITY LIMITS? YES NO
5. SEX 6. RACE	7- MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	1	WED DIVORCED	8-20-14	56	
tOA, USUAL OCCUPATION (done during most of working life		D OF BUSINESS OR INDUSTRY	11, 8IRTHPLACE (State or fore	ign country)	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	0.0.77
			Minnie		
5. Was Deceased Ever in U (Yes, no or unknown) (If yes, g		vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
hearl failure, asthenia, injury or complication ANTECED DISEASES OR CON- rise to the above UNDERLYING CONDI- OTHER SIGNIFICANT CO- TO THE DEATH SUT NO	DENT CAUSES DITIONS, if any, grant cause (A) stoling lition last. II DINDITIONS CONTRIBUT ON TRELATED TO THE TERMI	iving The (8) DUE TO, OR AS (C) ING	USE A CONSEQUENCE OF: MIC Shock 11C Liter S A CONSEQUENCE OF: S + O + vo + 1'0	Chislosi	2
▼ IDISEASE OR CONDITION	ON 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE F	
DISEASE OR CONDITION	WAS PERFORMED		No	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
19A. DATE OF OPERATION 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	UNDERLYING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID		SES OF DEATH?
19A. DATE OF OPERATION 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical DEATH (no	UNDERLYING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	JSES OF DEATH?
19A. DATE OF OPERATION OF CONTRIBUTING DEATH (notify medical	UNDERLYING CAUSE OF exominer)	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	JSES OF DEATH?
21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical OF INJURY (APPROX.)	UNDERLYING CAUSE OF exominer) (Doy) (Yeor) (Hour)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceosed fram	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ	(If in Boltimore	JSES OF DEATH?
19A. DATE OF OPERATION 21A. ACCIDENT WAS OR CONTRIBUTING 1 DEATH (notify medical of INJURY (APPROX.) 22. I certify that (I)	UNDERLYING CAUSE OF exominer) (Doy) (Yeor) (Hour)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not White Work Moded the deceosed fram	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJ	(If in Boltimore	SES OF DEATH? City, give exoct location) 9-26-19-6-9
DEATH (notify medical	UNDERLYING CAUSE OF exominer) (Doy) (Yeor) (Hour) (this hospital) attended to the deceased alive	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not White Work Moded the deceosed fram	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	SES OF DEATH? City, give exoct location) 9-26-19-69 Thion death occurred on the death
19A. DATE OF OPERATION 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical DEATH (notify medical OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) lost sav	UNDERLYING CAUSE OF exominer) (Doy) (Yeor) (Hour) (this hospital) attended to the deceased alive	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21 E. INJURY OCCURRED While At Not White At Work ded the deceosed from Grant ve. (I) (We) (did) (did not)	in or obout 21C. WHERE DID office bldg INJURY OCCUR? 21F. HOW DID INJ ile 9-25 26 19 69 and th view the bady ofter death.	(If in Boltimore URY OCCUR?	SES OF DEATH? © City, give exoct location 9-26-19-69 nion death occurred on the diagram of th
21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) lost savand hour and from the 23A. SIGNATURE	UNDERLYING CAUSE OF exominer) (Doy) (Yeor) (Hour) (this hospital) attended to the deceased alive	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21 E. INJURY OCCURRED While At Not White At Work ded the deceosed from Grant ve. (I) (We) (did) (did not)	in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJule Did on the control of the control o	(If in Boltimore	SES OF DEATH? City, give exoct location) 9-26.19.69 Inion death occurred on the death
19A. DATE OF OPERATION 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical DEATH (notify medical OF INJURY (APPROX.) 21D. TIME (Month) (APPROX.) 22. I certify that (I) that (I) (we) lost saw and hour ond from the	UNDERLYING CAUSE OF exominer) (Doy) (Yeor) (Hour) (this hospital) attended to the deceased alive	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceosed fram on 9- ve. (I) (We) (did) (did not)	in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJ 22	(If in Boltimore URY OCCUR?	SES OF DEATH? City, give exoct location) 9-26-19-69 nion death occurred on the death occurred occurred on the death occurred occurred on the death occurred occur
19A. DATE OF OPERATION 21A. ACCIDENT WAS OR CONTRIBUTING 1 DEATH (notify medical of INJURY (APPROX.) 22. I certify that (I) that (I) (we) lost sav and hour and from the 23A. SIGNATURE	UNDERLYING CAUSE OF exominer) (Doy) (Yeor) (Hour) (this hospitol) oftenow the deceosed alive the couses stated about the couses stated about the couse of A. A.	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21 E. INJURY OCCURRED While At Not White At Work ded the deceosed fram ye. (I) (We) (did) (did not)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ ile 9-25 26, 1969 and the view the bady ofter death. Pending Med. Director 23D. ADDRESS 501 E. 39	(If in Boltimore URY OCCUR? 1969 ta	SES OF DEATH? 9-26.19.69 nion death occurred on the death occurred occurred on the death occurred occ



	69 10804		HEALTH DEPARTMENT	v	69 10004 4				
	BIRTH NO. 69- 18	CERTIFICA	TE OF DEATH	REG. NO	00 10804				
	I.NAME OF DECEASED		2. DATE ANY HOUR OF DEATH						
	3. PLACE IN BALTIMORE MARYLAND, WI		4. USUAL RESIDENCE When	deceased lived. If in:	M. 9h M. M. stitution: residence before admission)				
	FULL NAME OF (IF NOT IN HOSPITA ADDRESS OR LOCA INSTITUTION	L OR INSTITUTION, GIVE STREET	Mary land		25 42 DE CITY LIMITS?				
/	Baltmare City Hos	e ital	Baltmore E. STREET AND NUMBER		YES NO				
	4940 Eastern Avenue Baltimore, Maryland	21224	(3) Chers	etm Roa	01005 005				
	E CEN		8. DATE OF BIRTH	9. AGE (In years	21225 007				
	temale Negro	WIDOWED DIVORCED	10-6-69	tost birthdoy)	Months Doys Hours Min.				
	IOA. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)	OR KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?				
			Bultmere 1	nd	U.S.A.				
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .					
	5 W - D I F		Beverly	Masm					
	5. Was Deceased Ever in U. S. Armed Force Yes, no or unknown) (If yes, give war or dates	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	4940 Eastern	ADDRESS				
	No	6	Den-Records	Baltimore. M					
	18. 7 5 9 . 4 1	CAUSE OF DEATH		7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRE LEADING TO DEATH	(A) IMMEDIATE CAU	· Occaliana		7.5				
	(This does not mean the mode of a heart failure, asthenia, etc. It means the	luc							
	injury or camplication which caused d	leath.)		,	122				
	ANTECEDENT CAUSES	(B) Chron	rosoniel abro	vmality					
	DISEASES OR CONDITIONS, if ar	ly, giving DUE TO, OR AS a	A CONSEQUENCE OF:	J	***************************************				
	UNDERLYING CONDITION lost.	(C)		*************					
	Z 071/5								
	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	TERMINAL							
- 11	U ISA DATE OF OPERATION TOR CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Ne		NDINGS CONSIDERED				
		KWED	Yes	IN CERTIFYING CAU	SES OF DEATH?				
	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, offi etc.)	or obout 21C. WHERE DID ce bidg., INJURY OCCUR?	(if in Boltimore	City, give exact location)				
911	21D.TIME (Month) (Doy) (Year) OF INJURY	(Hour 21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?					
	(APPROX.)	While At Not While At Work							
	22. I certify that (I) (this hospital)	ottended the deceosed from 10	(c 19	9 69 to (0	13 19 61				
	that (I) (we) lost sow the deceased	olive on 10 13	/ 0	t in (my) (our) opini	on death occurred on the date				
	and hour and from the couses stated	d above. (I) (We) (did) (dld not) vi	ew the body after death.	•					
	23A. SIGNATURE	/			23R DATE SIGNED				
		DEGREE Phys.	Director L P	hys.	10/14/62				
	23C. PHYSICIAM'S NAME (Type) Carol Kru	sh 23	Baltimore Cit	ty Hospitals	Ô				
2	4A. BURIAL CREMATION, 124B. DATE	DEGREE	7494U Castern 4	venue o Balti	more, Md. 21224				
	Cremation 10/15/69	24C. NAME of CEMETERY of CREA			town, or countyl (Stole)				
5		Baltimore City Ho	SPITALS 494		ve. Balto. Md. #24				
1	10 PAY RECORDER E. T.	ricely land A ()	S THE COLUMN		SAT.				
V	S 150-REV. 1/1/68		THE PROPERTY	AL DIOLU	DAL				



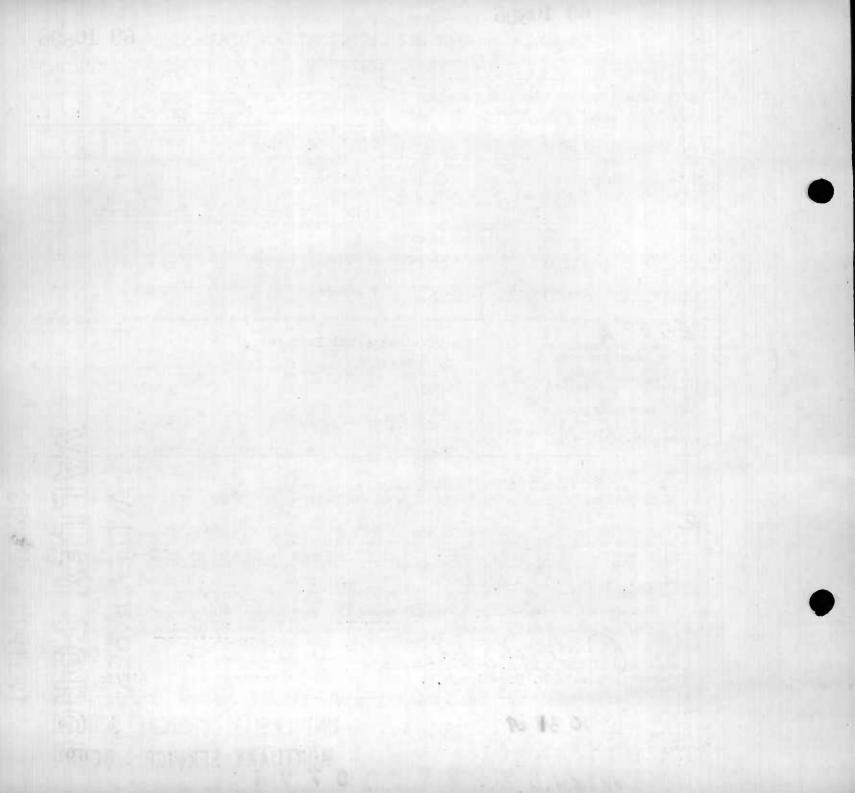
VS 150-REV. 1/1/68



(-	3-62	0	9 11 MED			ALTIMORE CITY				F DEA	TH,	EG. NO.	69	10)80	6
	TH NO.											140.				
	NAME OF DEC		S GEO	RGE				2. DATE OF DEATH	Known Estimoted	Month]		Day	Yeo	Hou	r	
4.	PLACE IN BAL	TIMORE, MARY	YLAND, W	HERE PR	ONOU	NCED DEAD		3. DATE		Month		Doy	Yeo	r Hou	ır	М
HO	L NAME OF SPITAL INSTITUTION	(IF NOT I	N HOSPITA	L OR INST	NOITUTION	, GIVE STREET		PRONOUNCED DEAD October 14,1969 3:30 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admit								P. ,
3		y Hospi	tal					A. STATE Maryland B. COUNTY						4)/	ion)
6. 5	SEX	7. RACE		B. MARR	IED 🔲 I	VEVER MARRIED		C. CITY OR TOWN D. INSIDE CITY LIM								
	Male	Negro)	WIDOW	/ED	DIVORCED		Balti	more			Υ	ES 🗌	NO [
9. [9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr. Months, Days, Hours, Min							E. STREET A	ND NUMBER							
				50?				Found o	on street	- 600	Ε.	Pratt	str	eet		
11.	BIRTHPLACE (S					ZEN OF		13. FATHER	S NAME							
					WH	AT COUNTRY?										
14A don	USUAL OCCU during most of w	PATION (Give k vorking life, even	ind of work 1 ilretired)	4B. KIND	OF BUS	INESS OR INDU	STRY	15. MOTHER	S MAIDEN N	AME						
16. (Ye:	WAS DECEASI	ED EVER IN U.	S. ARMED	FORCES of service	? 17	SOCIAL SECURITY NO.		IB. INFORM	AANT		H	A	DDRESS			
	19. 5 0	O W				CAUSE OF I	DEAT	Н						APPROXIA		
	DISEASE	E OR CONDITI	ION DIREC	TIV		Cranio	oce	rebral	Injuries	5			8	ETWEEN O	NSET AN	D DEAT
		LEADING TO E		LILT												
	heart follure,	ot mean the m osthenio, etc. It oplication which	meons the	diseose;		(A)IMMEDIA DUE TO,		S A CONSEQ	UENCE OF:	the rate with rate and the rate and refer the rate of						
TION	RISE TO THE ABOVE CAUSE (A) STATING THE						OR A	AS A CONSEQUENCE OF:								
CERTIFICATION	TO THE DEA	IFICANT COND ATH BUT NOT RI CONDITION G	ELATED TO	THE TERM	INAL	.0000=000=00						~ =				
RT	20A. DATE OF	OPERATION	20B. CON	IDITION	FOR WE	ICH OPERATION	WA:	S PERFORM	ED				21. AL	JTOPSY?	(Yes or	No)
	2													V	25	
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.) Oct. 1969 22B. PLACE OF INJURY(e.g., home, form, loctory, street, olfic Unk. 22B. PLACE OF INJURY(e.g., home, form, loctory, street, olfic Unk.								2C. WHERE DID NOURY OCCUR? Found in 2F. HOWDID I	600 B	lock				eet	\$ =
		ify that I hel				dent Su	Aut		ond that on			th in my		n		
	ACTUAL SIGNATU		ed	11/	hu	ble	M.D.	ASSI	STANT MEDICAL	L EXAMINE	R XX				SIGN	ED
24	NAME (T	ype)	ald N	. Koı		im, M.D.	ERV -		NATOM	LEXAMINE	MD	0.01	10/	15/6	9	D-
	MOVAL (Specif	(V)	0.31	.69	R	ichmo	my	Vall	NIVERS	SITY	ME	DICA	IL S	SCHO	OL	.,
25	DATE REC'D	1050	EPT. R. G.E	25B. N	AME OI	REGISTRAR		25C. I	UNERAL DIREC	TOR	CED	TITAL	ADDRESS	DCE	m	

VS 151-REV. 1/1/6B

MURIUARY SERVICE - BCHD



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

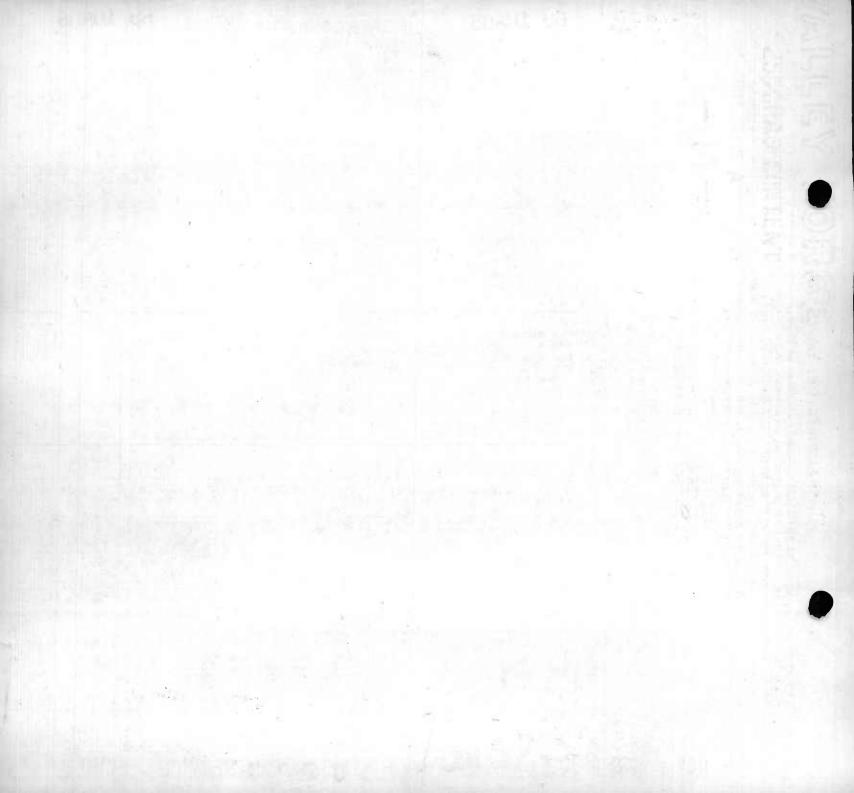
	1/ 22	00	40	BALTIMORE CITY	HEALTH DEPARTMENT		0.0	
	ETH NO. 6	1-18828	1080	CERTIFICA	TE OF DEATH	REG. NO	69 10807	
1. h (Ty	Pe or Print) BA	BY BOX	1144	UEC	2. DATE	AND HOUR OF DEATH		
3.	PLACE IN BALL	MORE MARYLAND,	HU	6HC)	H4 MEHAL BEELDENGE (W)	k0-16-69	8:30) A.M
FU H (ILL NAME OF		TAL OR INST	TUTION, GIVE STREET	A. STATE B. COL	21202	institution: residence before	O/
		Oner Hognita	. 7		E. STREET AND NUMBER		YES NO	
	0/	ercy Hospita	3.1.		1016 5	terling	St	
5. :	Male	Negro	7- MARRIE		10-10-69	9. AGE (In years lost birthday)	Months Days Hours	der 24 Hrs. Min.
10A don	. USUAL OCCU	PATION (Give kind of wor orking life, even if retired)	k 108, KIND	OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT	COUNTRY
13.	FATHER'S NAM	lE /	7		14. MOTHER'S MAIDEN N	AAAF		_
		NONE	,		3 4	ine He	rakes.	
Ye:	Was Deceased s, no or unknown)	Ever in U. S. Armod Fo (If yes, give wor or do)	rces? es of service	SECURITY NO.	17. INFORM INT		ADDRESS	
	18.	9 1		CAUSE OF DEAT			1 APPROXIMATE	INTERVAL
	DISEASI	OR CONDITION DI	RECTLY				BETWEEN ONSET	
	1	EADING TO DEATH		(A)IMMEDIATE CAU	SE Generalized	PINO MATU	112111	
	(This does no	I meen the mode of	dying, e.g	DUE TO OR LE	A CONSEQUENCE OF:	The MID La		
	injury or comp	licosion which coused	death.)	•,				
	A	NTECEDENT CAUSES		- Mi	Lol dehyde	ation		
	DISEASES OF	CONDITIONS, IF	ony, givin	g DUE TO, OR AS	A CONSEQUENCE OF			
	rise to the obove couse (A) stating the							
	UNDERLING	CONDITION last.		(c)	- 416 3ep.	7 7		
z	OTHER CLONIES							
일	TO THE DEATH	BUT NOT RELATED TO	HE TERMINAL				i	
ۆ ك	19A.DATE OF	NDITION GIVEN IN PAI	T 1 (A).	WHICH OPERATION	20A. AUTOPST? (Yes of I	lall 200 IE VEC WERE	SINDINGS CONSIDERED	
CERTIFICATION	0	WAS PER	FORMED		no	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?	
	OR CONTRIBUT	WAS UNDERLYING TING CAUSE OF	ho	B. PLACE OF INJURY (e.g., in me, farm, factory, street, of c.)	or about 21C. WHERE DID	(If In Baltime	re City, give exoct location)	
MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Years	(Houd 21	E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
٤	(APPROX.)			Thile At Not While At Work				
	22. I contify t	hat (1) (this hospital			(B) = (M)	70 (9 10	- 11	
	22. I certify that (I) (this hospital) attended the deceased from 10-10-19-19-19-19-19-19-19-19-19-19-19-19-19-							
- 1	and hour and from the causes stated abave. (1) (We) (did) (#####) view the bady after death.							
	23A. SIGNATUR	E 0					238 DATE SIGNED	
	Want		il t	DEGREE Phys		Staff Phys.		
	23C. PHYSICIAN NAME (Typ	P. GAB	RIEL		ANATOMY I	BOARD OF	MARYLAND	
24A	BURIAL CREM		24C.1	DEGREE	MUNIVERSEP	LOCATION CAG	ily, loyd, it duly	(Stole)
25A	DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	25C SIINERAL DIRECTO		TO CHANGE	
-	10V 4 1	969 Robert E		2 2 0 0 0	MORTUAR	SERVICE	# BENDRESS	
10	2 CO DENI 2 /2 ///							

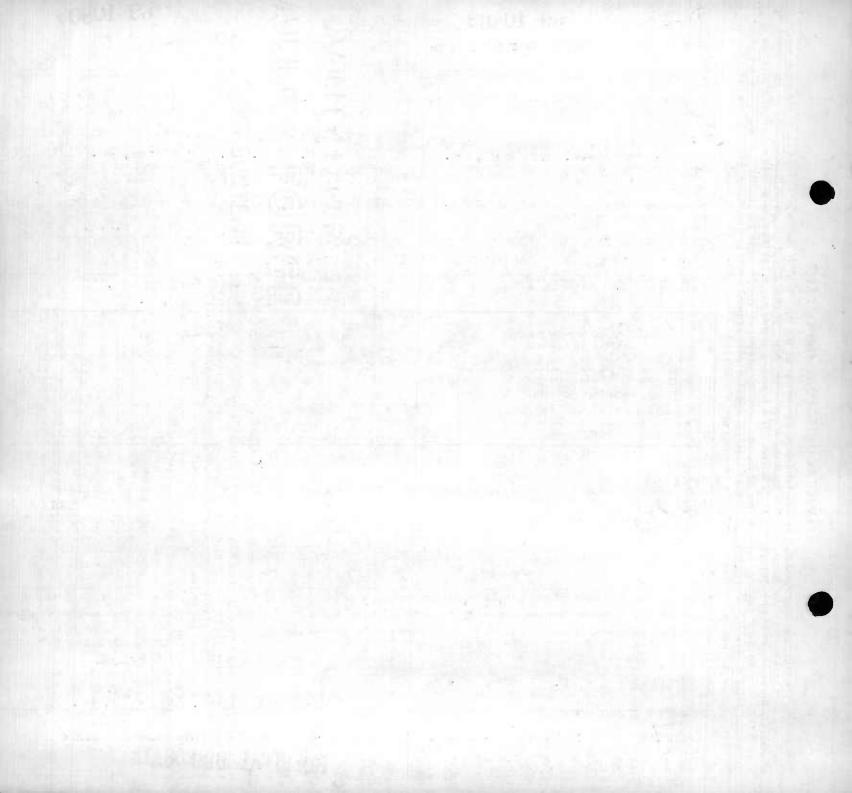


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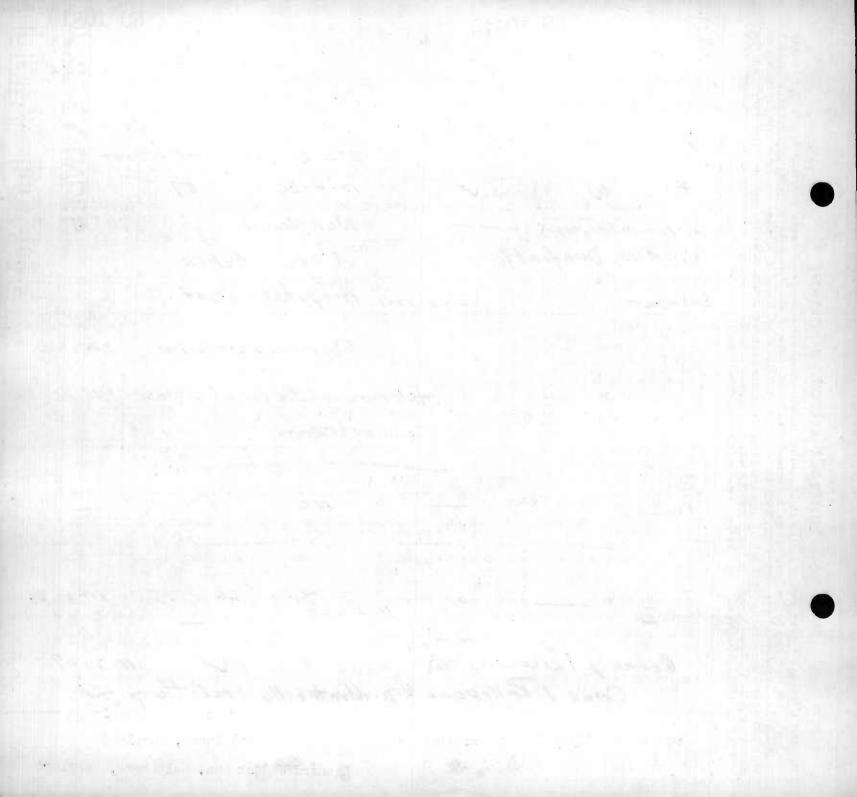
DIRECTOR:

FUNERAL





11 205			HEALTH DEPARTMENT		00 40040
77- 222 BIRTH NO.	69 10	810 CERTIFICA	TE OF DEATH	REG. NO.	69 10810
NAME OF DECEASED Type at Print) Julia			2. DATE A	ND HOUR OF DEATH	8:P- N
B. PLACE IN BALTIMORE, A	ARYLAND, WHERE	RONOUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceosed lived. If in	stitution: residence before admission
ULL NAME OF (IF N	OT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Manyland		1102
MOITHTEL		# 1	Ealtino	RP D. INSI	YES MO
Monteber	10 State	Hospital	E. STREET AND NUMBER	Married Control of the Control of th	
SEX 6. RACE	7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	lo ACT II	If Under 1 Yr. If Under 24 His
Fa	/	OWED DIVORCED	10-4-80	lost birthday) 89	Manths Days Haus Min.
A. USUAL OCCUPATION (ND OF BUSINESS OR INDUSTRY		,	12. CITIZEN OF WHAT COUNTR
Confanion Con			Maiz y/con	d	0.8A.
Charles 1	Danfort.	6	14. MOTHER'S MAIDEN NA Macian		•
. Was Deceased Ever in U	S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, na ar unknown) (If yes, gi	ve wai ai dates at se	267-12-2751	Hospital	Chart.	
18. , / / A CA	1	CAUSE OF DEATH	1	VIS-17	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
,	NDITION DIRECTLY			1	
/	TO DEATH	(A) IMMEDIATE CAU	SE CORONGRY	coclusion	soconds.
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,					
ANTECEDENT CAUSES ANTECEDENT CAUSES (B) ARteriosclaration house disease					CO MOONE
		QUEI GISCA	se genes -		
and the state of t			A CONSEQUENCE OF:		
UNDERLYING CONDI	TION last.	(c) ause	un known		
7	11)		
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	RELATED TO THE TERM				
	DISEASE OR CONDITION GIVEN IN PART 1 (A).			lo) 208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
19A. DATE OF OPERATION	WAS PERFORMED			IN CERTIFYING CAL	JSES OF DEATH?
J 21 A. ACCIDENT WAS L OR CONTRIBUTING C DEATH (notify medical e	AUSE OF	21B. PLACE OF INJURY (e.g., in harme, form, factory, street, of etc.)	n or about 21 C. WHERE DID injury OCCUR?	(If In Baltimar	e City, give exact lacatlan)
21 D. TIME (Month)	(Doy) (Year) (Hou	7 21E. INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
OF INJURY	-	While At Nat Whit	еП		
	11.1.1		-3 - /	1966 to	11-21969
		nded the deceosed from	2 1069		nion deoth occurred on the do
					nion deoth occurred on the de
23A. SIGNATURE	causes stated ob	ave. (1) (We) (did) (did not) v	lew the body ofter deoth	•	23B, DATE SIGNED
23A. SIGNATURE	2. Teller	ALLO YIN AHO	nding Med.	Shaff	11-2-69
22C BHYSICIANES	1. Tech	DEGREE		Phys.	11-2-1
23C. PHYSICIAN'S NAME (Type)	an J. te	lle Rano M.D.	Montebello	State Ho	pitul.
AA. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (Ci	ty, town, or caunty) (State)
Cremation	11/4/69	Greenmount		Baltimore, M	aryland
SANDOW REC'D BY HEAT		AME OF REGISTRAR	25C. FUNERAL DIRECTO	OR .	ADDRESS imore, Maryland
S 150-REV, 1/1/6B			1 100.00.00.00		,



IMPORTANT

DIRECTOR:

FUNERAL

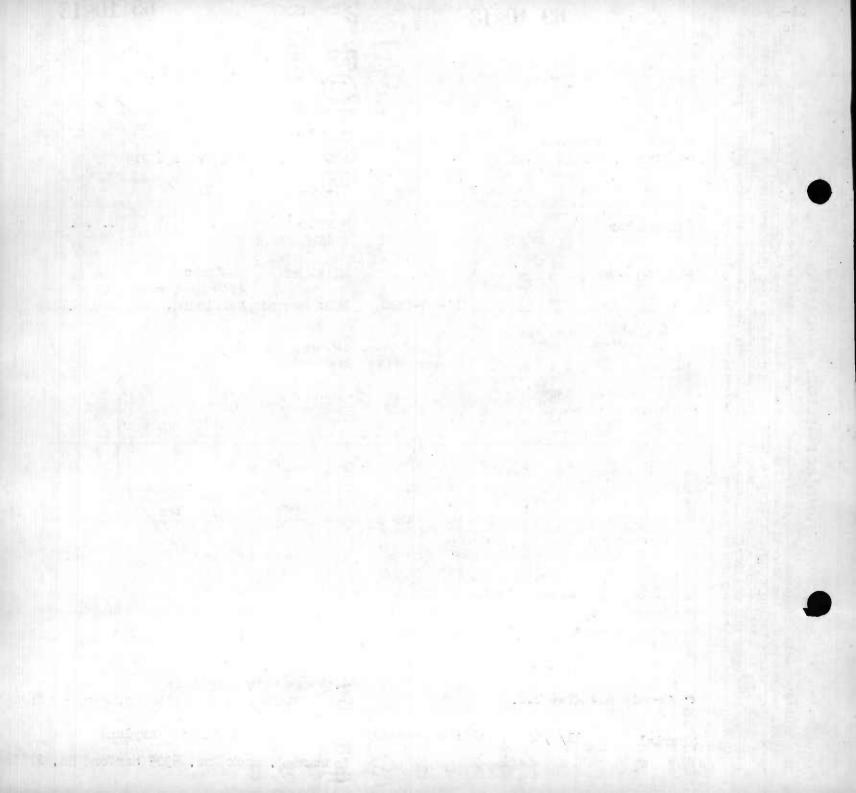
hiteman, and 3210 Batana Ame M. Carossia : 6-8-93 Maybed USA. Isone F Brown Para Clark 10 9 69 apriles som tore 30 15 21 69 OR - 6 18 - 21 Thomas House X 10-31-6/ TALLS I TATH MEN I I IN

M-216 69 10		HEALTH DEPARTMENT		69 10812
BIRTH NO. I. NAME OF DECEASED Type at Phint) Anne L.	812 CERTIFICA	2. DATE	AND HOUR OF DEAT	н
	O.100		1-1-69	7 A A
B. PLACE IN BALTIMORE, MARYLAND, WHERE PR		A. STATE	Where deceased lived. If	institution; residence before admission
ADDRESS OR LOCATION) USTITUTION Jenkins Memori		c. CITY OR TOWN Baltimore	D. IN	ISIDE CITY LIMITS? YES NO
9/ 1000 Caton Ave Baltimere Md		E. STREET AND NUMBE		20 N. Caroline St.
SEX 6. RACE 7. MAR WIDO	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN		11-7-78	fareign country)	12. CITIZEN OF WHAT COUNTRY
nne during mast of working life, even if retired) None		10000		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME.	
James McGovern	A.M. 44	Wa Alexand	20 33	
. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	Katherin	e KeTTA	ADDRESS
es, no or unknown) (If yes, give wor or dates of serv	216-54-3275		Memorial Ho	
18. 1/19 6/1	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH		Pucuu	course	24006
(This daes not mean the made of dying,		A CONSEQUENCE OF:	Court	J. V.CZ.5
heart failure, osthenia, etc. It means the dis- injury or camplication which caused deoth.)	ease,			
	0	1		- //
ANTECEDENT CAUSES	(B) (C)	chekid		Mouths
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS			
rise to the above cause (A) stating UNDERLYING CONDITION last.	the Chr.	sair Beain	Syadona	u Veres
11	(6/	K		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING AS	000		years
199A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21 B. PLACE OF INJURY (e.g., i home, form, factory, street, a etc.)	n or about 21C. WHERE DIC ffice bldg., INJURY OCCUR	(If in Boltim	are City, give exoct location)
21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY	While At Not While			
(APPROX.)	Work At Work			/
22. I certify that (1) (this haspital) otten	ded the deceosed from	19/3/	19 6 d to	11/1969
that (W) (we) lost sow the deceosed olive ond haur and from the causes stated oba-	The same of the sa			pinion deoth occurred on the dot
23A. SIGNATURE	ve. (ii) (iie) (did) (dia non) (riew the body offer deo	rn.	23B, DATE SIGNED
C. Pausuau d	Atte Obe Assess	ending Med.	Staff Phys.	11/1/69
23C. PHYSTETAN'S NAME (Type)	The state of the s	23D. ADDRESS	M	1 1/2021
10 Maymond	TEQUE DEGREE	Venllins	MEMORE	1 110spical
REMOVAL (Specify)	ec. NAME of CEMETERY of CRI New Cathedral Cem			City, tawn, or county) (Stote) Ore, Md.
	ME OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
NOV 4 1969 Called E. day	Seof Milly ()			alto. Md. 21214

the control of the co .

150-REV. 1/1/6B

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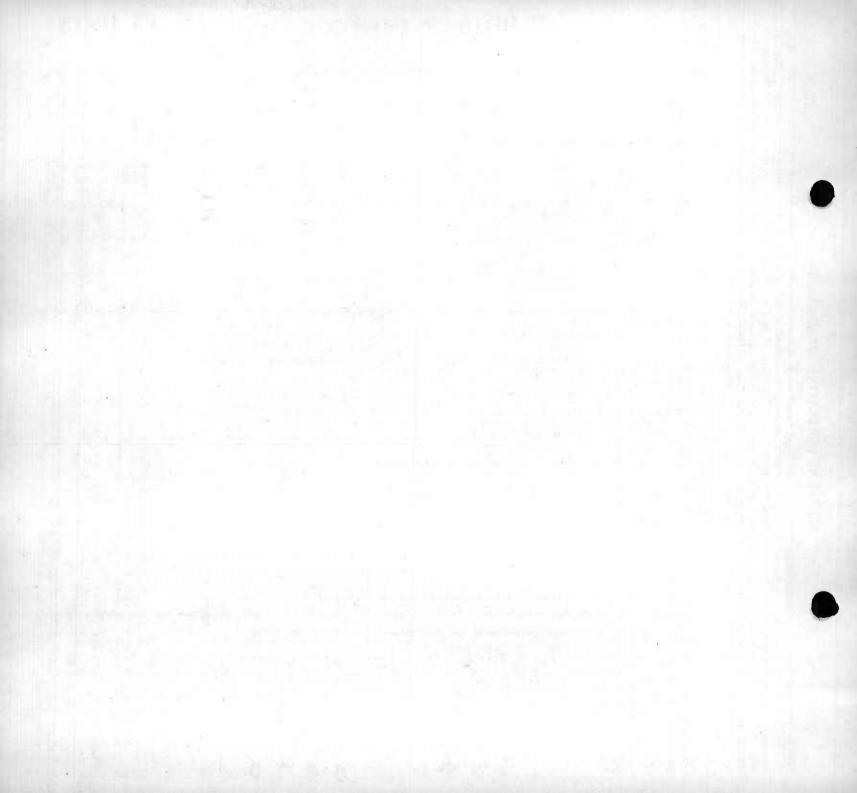


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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

FUNERAL DIRECTOR:

1	O-(5) ORE	M BALTIMORE CITY	HEALTH DEPARTMENT	/	20 40			
B	RTH NO. 69 10	816 CERTIFICA	TE OF DEATH	REG. NO.	59 10816			
1	NAME OF DECEASED			ND HOUR OF DEATH				
IL.	CHANLES G. OA	EU	10	0/3./69	9 for M			
3	PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in:	stitution: residence before admission			
H F	ULL NAME OF (IF NOT IN HOSPITAL OR I	MD		1348				
11"	ISTITUTION	1546	C. CITY OR JOWN	D. INSI	DE CITY LIMITS?			
$\ / \ $	UNION MEDIORISC NOSP		E. STREET AND NUMBER		YES NO			
1	+ BLATIMORE MO	1326 CNION AUG						
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.			
1	MILE CAUCASIAN WIDO	WED DIVORCED	1/26 19/	26	Months Doys Hours Min.			
do	A. USUAL OCCUPATION (Give kind of work 10B, KIN ne dyring most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn countryl	12. CITIZEN OF WHAT COUNTRY?			
4	hip Fetter (Petered) So	lip Yard Bethlehing	M)		U.S.A.			
113	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME 2				
1	1			-				
(Y	Was Deceased Ever in U. S. Armed Forces? s.no or unknown) (If yes, give wor or doles of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
L		•	may la Scheen	er 3811 Ole	overwood toe			
ı	18.4/2.41	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CARDIU	- 4 4 0 0				
ı	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., (A) IMMEDIATE CAU	SE RESPIRATOR	AMMESI				
	injury or complication which coused deoth.)				12			
	ANTECEDENT CAUSES	(B) CERE	BRO VASCULAR	ACCIDENT				
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:							
	UNDERLYING CONDITION lost.							
z	II							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF TH	NG NAL						
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B, IF YES, WERE FI	NDINGS CONSIDERED			
ERTIFIC	WAS PERFORMED		TXIC	IN CERTIFYING CAU	SES OF DEATH?			
L CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, farm, foctory, street, offi	or obout 21C. WHERE DID	(II In BoltImore	City, give exoci locotion)			
CAL	DEATH (notify medical examiner)	etc.)						
MEDI	OF INJURY (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DIO INJU	JRY OCCUR?				
~	(APPROX)	While At Work Not While						
	22. I certify that (1) (this hospital) attend			969 10	10/3/ 19 4/			
	thos (1) (we) lost sow the deceased alive on 10/3/ 19 69 and that In (my) (our) opinion death occurred an the date							
	ona hour ond from the couses stated obove. (1) (We) (did) (did not) view the body ofter deoth.							
	23A. SIGNATURE	Allen	ding - Med -		23B. DATE SIGNED			
	23 C. PHYSICIAN'S	M.P. DEGREE Phys.	Director L I	Staff Phys.	10/31/69			
	NAME-(Type)	^	AINMAN MENN	24. 11-4.	. 01			
24	KONALD M. LEGUI	DEGREE C. NAME OF CEMETERY OF CREA		AL HOSPITA				
1	REMOVAL (Specify)	mearlowredge	1.7	arsey mul	town, or county) (Stote)			
l-	DATE REC'D BY HEALTH DEPT. 258 NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	7	ADDRESS			
	10V 4 1969 Rubert E Naub	ey May B 17	Pol & Bhen	24.15 21.15	Shortunt fre			
VS	150-REV. 1/1/68	**		7				

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CERTIFIC VALVERY ACTION

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WHEN PERMILE HESPIRAL BASE IN

11/5/69 address 3544 Poole St. BGH. CT

xx xx

W-252 69 10s	BALTIMORE CITY HEALTH DEPARTMENT X 850 NO. 69 10819
00 10	CERTIFICATE OF DEATH REG. NO.
BIRTH NO.	2, DATE AND HOUR OF DEATH
(Type or Print) / nimousch	ASIMER George 11/1/69 1:05 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOLINCED DEAD 14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	
Institution Charle Sen H	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Noun Change Str. 13	E. STREET AND NUMBER
N. Charles at 28th	7918 Wise are
	RIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min. WED DIVORCED 6 - 16 - 11
10A. USUAL OCCUPATION (Give kind of work 10B, KIN	
dane during most of working lile, even if retired)	EPHONE CO Md. W.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN, NAME.
Peter WOJNOW	LM. Christ.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give war or dates of serv	16. SOCIAL 17. INFORMANT ADDRESS
VES WWII 1941-194	
18. 90 / 1	CAUSE OF DEATH APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	A A A A A A A A A A A A A A A A A A A
LEADING TO DEATH	(A) IMMEDIATE CAUSE / lassive granguma- 15mm
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO OR AS A CONSEQUENCE OF
injury ar camplication which coused death.)	tron, Riolating in the work of
ANTECEDENT CAUSES	The American Tolor Dian
DISEASES OR CONDITIONS, if any, g	iving BOLL FOR AS A CONSEQUENCE OF:
rise to the above cause (A) stating UNDERLYING CONDITION last.	
ONDERETHO CONDITION (USI,	(c)
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING.
TO THE DEATH BUT NOT RELATED TO THE TERMI	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION 20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Boltimore City, give exact location)
DEATH (natify medical examiner)	hame, farm, factory, street, affice bldg., INJURY OCCUR?
21 D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
₩ OF INJURY (APPROX.)	While At Nat While
	Wark L At Work L
22. I certify that (f) (this haspital) attend	led the deceased fram 10-25-6-19 ta 1-1-6-19
that (I) (we) last saw the deceased alive	an 19 and that in(my) (aur) apinian death accurred an the date
and haur and fram the causes stated aba	ve. (1) (We) (did) (did nat) view the bady after death.
23A. SIGNATURE	23B. DATE SIGNED
Juan or	Attending Med. Staff Phys. Director Staff
PHYSICIANT AME STAPE	AN 23D. ADDRESS Roman Hospital
24A. BURIAL CREMATION, 24B. DATE 2	IC.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	1/1 P Company
Burral 11/5/69	Holy Kosary Cem. Balle. Co. 111a.
NOV A 1969 Tobage E. Jake	ME-OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS
Min I I IOOO S . S . S . S . S . S . S . S . S .	The state of the second by



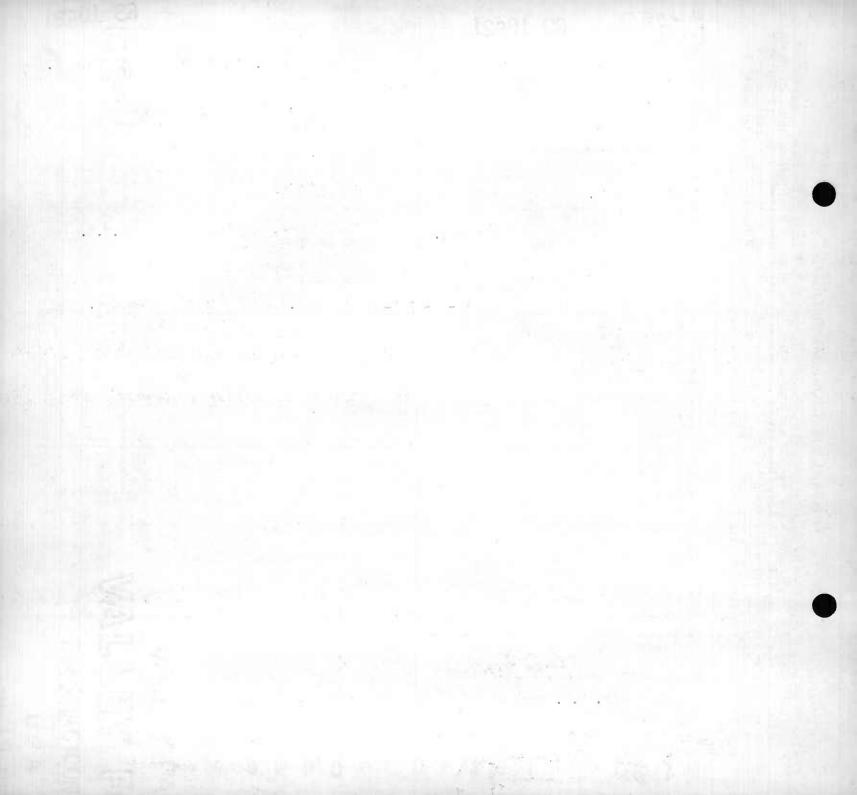
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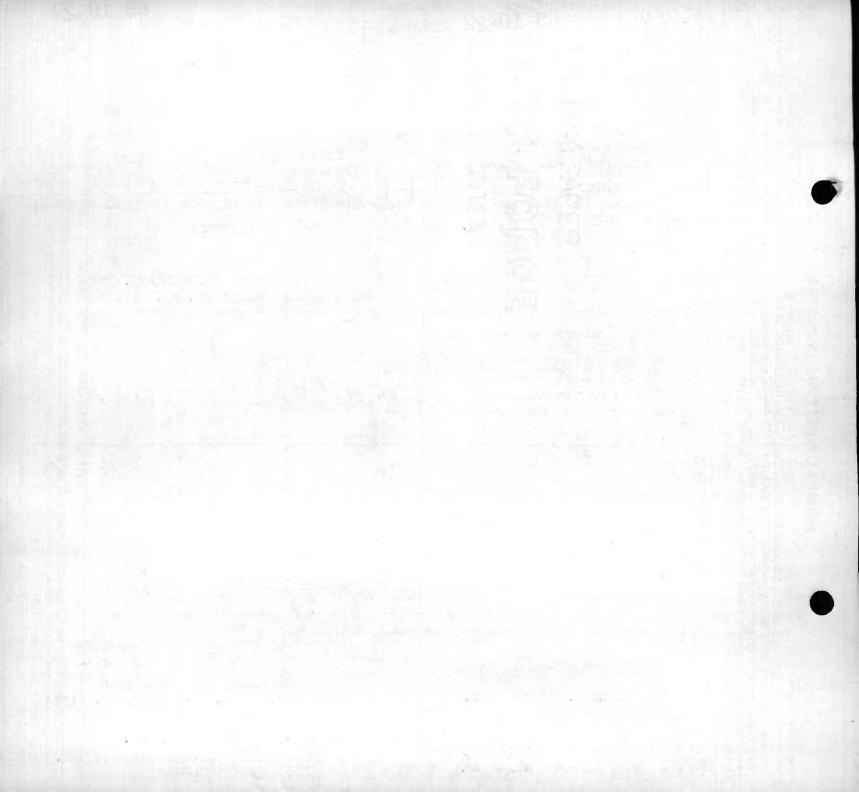
If Under 24 Hrs. Hours i Min.

LI TERLIN L'ENGER CHOICE SET LE MINISTER LE YEVER

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0 0-0	BALTIMORE CITY	HEALTH DEPARTMENT	69 1000	N			
69 1082	1 CERTIFICA	TE OF DEATH	REG. NO.	1			
I, NAME OF DECEASED		2. DATE AND HOU	R OF DEATH				
(Type or Print) CLARA MARY BOSSOM		Oct. 30,					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD		sed lived. If institution: rosidence before or	dmission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT		A. STATE B. COUNTY	741				
HOSPITAL OR ADDRESS OR LOCATION)	OHON, GIVE SIKEEI	Maryland, 21213	D. INSIDE CITY LIMITS?				
IN SHITCHON		Baltimore	YES K NO				
GA GOULD CONVALESARIUM		E. STREET AND NUMBER					
70		3107 Mareco Ave	nue				
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED			t 24 Hrs.			
female white WIDOWED		12/ 1/ 1888 last birt	Months Doys Hours	Min.			
IDA. USUAL OCCUPATION (Give kind of work 108. KIND O		11. BIRTHPLACE (State or foreign coun	12. CITIZEN OF WHAT C	OUNTRY?			
done during most of working lile, even if retired)		Roltimone Mamma	and II a s				
	Bros.	Baltimore, Maryla	und U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
James Diggs		Catherine ?					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
		James T. Kenny	3107 Mareco Ave. 2121	1.0			
No IB.	219-20-9393-A		APPROXIMATE IN	L 3			
M/ 014	CAUSE OF DEATH		BETWEEN ONSET AL				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11.7		11- 1/2 De 1/28 1/2	Ina.			
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE PAY	A CONSEQUENCE OF:	in January 1991	eone			
heart failure, asthenia, etc. It meons the diseose,	DOE 10, OR 23	A CONSEQUENCE OF	2 (0) 1- 1	,			
injury or complication which coused death,) ANTECEDENT CAUSES O A A A A A A A A A A A A							
ANTECEDENT CAUSES	(B) C / O COV D COV C CO (COV) C COV / C COV / C COV / C COV / C C C C C C C C C C C C C C C C C C						
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:	T /				
UNDERLYING CONDITION lost.							
ll ll							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	e						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
U 19A, DATE OF OPERATION 1198, CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B.	F YES, WERE FINDINGS CONSIDERED				
WAS PERFORMED		IN C	ERTIFYING CAUSES OF DEATH?				
O 21A. ACCIDENT WAS UNDERLYING 1218	B. PLACE OF INJURY (e.g.,	n or about 21C. WHERE DID	(II in Boltimore City, give exact location)				
▼ DEATH (notify medical examiner) etc		ffice bldg., INJURY OCCUR?					
21D. TIME (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21F. HOW DID INJURY OF	CUR?				
OF INJURY	nile At Not Whil						
(APPROX)							
22. I certify that (1) (this hespital) attended to	22. I certify that (I) (this hespital) attended the deceased/from 1/23 1969 to Oct 30 1969.						
that (I) (we) last sow the deceased alive on	10/29	19 69 ond that in (n	ny) (our) apinion deoth accurred an				
	ond haur and from the couses stoted obave. (1) (We) (did not) view the body ofter deoth.						
23A. SIGNATURE	· / (/ (a/ (ala lioi/ (new the body offer doom.	23B. DATE SIGNED				
- PAR	Atte	ending Med. Shaff					
F/Oak	DEGREE Phy						
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS					
Dr. L.B.Stevens	DEGREE	3400 Erdman Avenu	e				
	AME of CEMETERY OF CR			(Stote)			
Burial 11/1/1969 Dr	mid Didas Cam	Da7+4	Long Maryel and				
	ruid Ridge Cem	25¢, FUNERAL DIRECTOR	ore Maryland ADDRESS				
NOV A 1969 Pole & Jackey			l Home, 3331 Brehms I	one			
MAA & SOR WASSE OF LANCORS	1.54	0 0 0	TOTAL DI GIANS I	Jane			

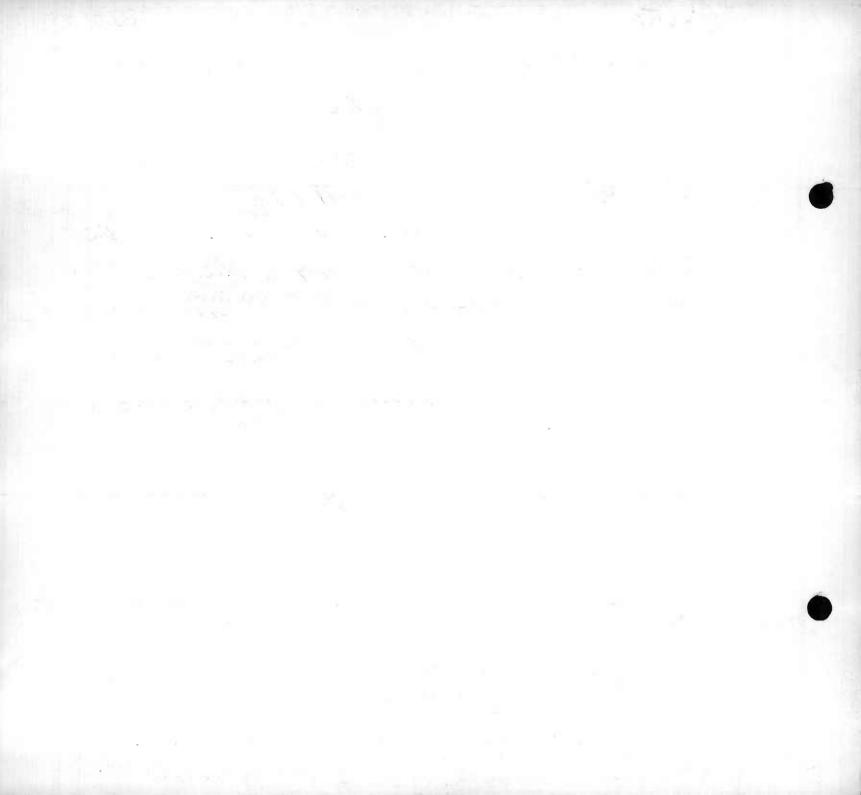




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death death eased in the Such	BIRTH NO.
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pit of De ath	3. PLACE IN BALTIMORE
sistant if death occurred in a hospital and the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the ice on the deceased prior to death. Such inal disposition is made.	FULL NAME OF (IF HOSPITAL OR AL
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ar a de	5. SEX 6. RAC
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o con e si	IOA, USUAL OCCUPATION
ant if death occurred in direct or contributing d; (4) Undetermined cauth was in regular attoon the deceased prior disposition is made.	done during most of working li
de Casita	13. FATHER'S NAME
ant if d direct direct d; (4) U ath wa on the	ROYAL
istant he di kind; death ce on	15. Was Decoased Ever in (Yes, no or unknown) (If yes,
or his assistant if death occurred in Also, if the direct or contributing re of any kind; (4) Undetermined caus nounced death was in regular attendance on the deceased prior med or final disposition is made.	no
or free of	18. / 99.0
his so, of a soft of a sof	DISEASE OR C
= PA S S E	(This does not mean
FUNERAL DIRECTOR: IMPORTANT The chief medical examiner or his assistant if death occur By a medical examiner. Also, if the direct or contrib Shody burns; (3) A fracture of any kind; (4) Undetermin The physician who pronounced death was in regulated the physician was in regular attendance on the deceased fore the remains are embalmed or final disposition is man	heart failure, asthenic
mir mir fro	ANTECE
WEXA	DISEASES OR CON
an (3)	UNDERLYING CONE
L L	Z OTHER SIGNIFICA AT A
FUNERAL DI he chief medica by a medical 2) Body burns; re the physicia physician was	O OTHER SIGNIFICANT CONTROL TO THE DEATH BUT NO DISEASE OR CONDITION
dy ydy	19A-DATE OF OPERAT
FUND by a 2) Bod re the physic fore th	E 0
FUNERAL DIRECTO by the chief medical exami pital by a medical exami ure; (2) Body burns; (3) A fra where the physician who) No physician was in regu id before the remains are en	OTHER SIGNIFICANT C TO THE DEATH BUT N DISEASE OR CONDITIO 197A. DATE OF OPERAT OR CONTRIBUTINO DEATH (notify medical 21D. TIME OF INJURY OF INJURY
by the price of th	21D-TIME (Month)
proved by the chief medical examiner the hospital by a medical examiner. ny nature; (2) Body burns; (3) A fracturexcept where the physician who provand (6) No physician was in regular obtained before the remains are embal	OF INJURY (APPROX.)
pro ny and and	22. I certify that
app to to t	that N (we) last sa
nust be a leased to cident of hospital to death)	and haur and fram t
der der der der der mu	23A. SIGNATURE
This certificate must be appeared to the body was released to the shows: (1) An accident of a was D.O.A. at a hospital (deceased prior to death); written approval must be consequent	23C. PHYNCIANS
as r at a at rior	23C. PHYSICIAMS NAME (Type)
dy wed.	24A- BURIAL CREMATION
body ws: (1) D.O. based ten a	24A. BURIAL CREMATION, REMOVAL (Specify) Burial
This certif the body shows: (1) was D.O./ deceased written a	25A, DATE REC'D BY HEAD
This the show was dece	NOV 4 1969
11	

V	-656 6	9 108	824 BALTIMORE CITY	HEALTH DEPARTA		69 10004	
BI	RTH NO.		CERTIFICA	TE OF DEA	TH REG. NO	TODE 4	
1.1	NAME OF DECEASED JO	nn ()	AUGOOT	2. [DATE AND HOUR OF DEATH	250 pm	
3.	PLACE IN BALTIMORE MARYLAND,	WHERE PRO	NOUNCED DEAD	4. USUAL RESIDEN	CE (Where deceased lived If i	Mainstitution: residence before admission)	
FL	ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			C. CITY OR TOWN D. INSIDE CITY LIMITS?			
1						YES NO	
3	8	7		E. STREET AND NU		ATE NOSA	
5.	SEX 6. RACE	7- MARRIE	ED NEVER MARRIED	8. DATE OF BIRTH		Il Under 1 Yr., If Under 24 Hrs.	
100	MW	WIDOW	ED DIVORCED	1-11-0	9. AGE (In years last birthday) 65	Months Days Hours Mine	
do	A, USUAL OCCUPATION (Give kind of water during most of working life, even if retiron	ork 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat	o or foreign country)	12. CITIZEN OF WHAT COUNTRY	
	Clerk	Warr	ington Apts.	Baltin	more, Md.	U.S	
13.	FATHER'S NAME			14. MOTHER'S MAIL			
10	ROYAL R.	<u> </u>	NHAROT	MAX	E. XXXXXXXX	XXX Nickel	
(Ye	Was Decoased Ever in U. S. Armed I s, no or unknown) (If yes, give war or d	orces? ites of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	- CRONHARD 7	SON	
L	no		215-09-6575	KUBERT	79.39	St. PAUL St.	
	18. / 99.01		CAUSE OF DEATH		- 70LO	APPROXIMATE INTERVAL	
	DISEASE OR CONDITION	DIRECTLY	10/0	VIA C	SPERIOR VENA		
	LEADING TO DEAT		AND MEDIATE CAU		CAVAL SYN	REPART	
	(This does not mean the made	of dying, e.	O. DUETO OD LE	CONSEQUENCE OF:	010116 3910		
	hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.)						
)	ANTECEDENT CAUS	\$	META.	STATIC	MINIEFERDEN		
	DISEASES OR CONDITIONS, I	anv. divid	(B)	A CONSEQUENCE OF	UNDIFFEREN	MAKED	
	tise to the above cause (A) slaling 1	he		CA.		
	UNDERLYING CONDITION lost.		(c)				
z	11						
은	TO THE DEATH BUT NOT RELATED TO	ONTRIBUTING	G L				
CA	DISEASE OR CONDITION GIVEN IN P.	RT 1 (A).		1004			
CERTIFICATIO		RFORMED	R WHICH OPERATION	20 ALAUTOPSY? (Y	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	h	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, aff tc.)	or about 21C. WHERE	DID (If in Boltimos	ro City, give exact location)	
S							
MEDI	21D-TIME (Month) (Doy) (Yea OF INJURY		IE INJURY OCCURRED		DID INJURY OCCUR?		
<	(APPROX.)		While At While				
	22. Learnify that Wishie hagming! attended the January 15 (1) 22						
	that W (we) last saw the deceased alive an 10 30 19 67 and that in the (aur) apinian death accurred on the date						
	and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.						
	238, DATE SIGNED						
Attending Med. Steff Director							
	23C. PHYSICIAN'S NAME (Type)	U. D.C.	GEOREE	D. ADDRESS	— глуз. —	10-30-01	
	AANLE HISPER	1	NOFIM	01/	1/200	2	
24 A	BURIAL CREMATION, 248, DATE	1240	DEGREE NAME OF CENTERY	Une	v. Host	/	
	REMOVAL (Specify)		NAME OF CEMETERY OF CRE			ly, town, or county) (State)	
	Burial 11/3,		arkwood Cemet	ery	Baltimore,	Md.	
25A	NOV 4 1969 200	25B. NAMI	OF REGISTRAR	Schimune	k Funeral Hor	me, Inc.	
1/5	160.95V 1/1/69	71 77-47	7	1 0 0 35	Bl Brehms Lai	16	



IMPORTANT

DIRECTOR:

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DIRECTOR:

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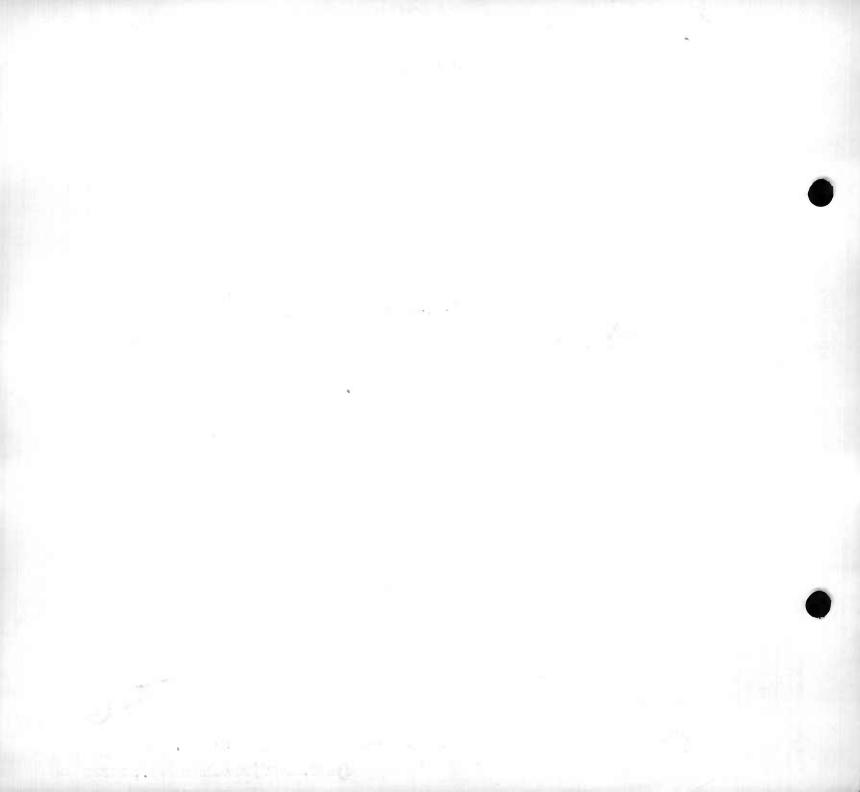
FUNERAL DIRECTOR:

C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Baltimore	YES X NO
E. STREET AND NUMBER	
4502 Old Frederic	Road
B. DATE OF BIRTH 9. AGE (In ye lost hirthday)	ors If Under 1 Yr. , If Under 24 Hrs.
Feb.7,1901 (68	Months Doys Hours Min.
Feb.7,1901 68 TRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
7	
 Pennsylvania 	USA
14. MOTHER'S MAIDEN NAME	
Sombia Comi also	
Sophie Sawicka	_ ADDRESS
	Balto. 21229
57 Mrs.Jos.J.Kosloski	-4502 Old Fred.Rd.
ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Muliforni	To I Vo . AP
CAUSE CLOUD COMMAN	Trompae, Sevelle
CAUSE AS A CONSEQUENCE OF:	
(
AS A CONSEQUENCE OF:	
MILLIA	
(
20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFY	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
g., in or obout 21C. WHERE DID (If in office bldg., INJURY OCCUR?	Boltimore City, give exoct location)
21F. HOW DID INJURY OCCUR?	
While	
ork 40 1	11211
1 0 0 0 19 to	1/1/09 19
19and that in(my) (a	our) apinian death occurred an the date
t) view the body after death.	
7	238, DATE SIGNED
Attending Med. Staff Director Phys.	11.7.6
Phys. Director Phys. 23D. ADDRESS	11001
	/ /
4605 Edmondson Av.	,Balto.,Md. 21229
CREMATORY 24D. LOCATION	(City, town, or county) (Stote)
emetery Boltimon	Manyland
tional Baltimor	e, Maryland
	21 220
OMITERE, 41015 Edmon	dson Av., Balto., Md

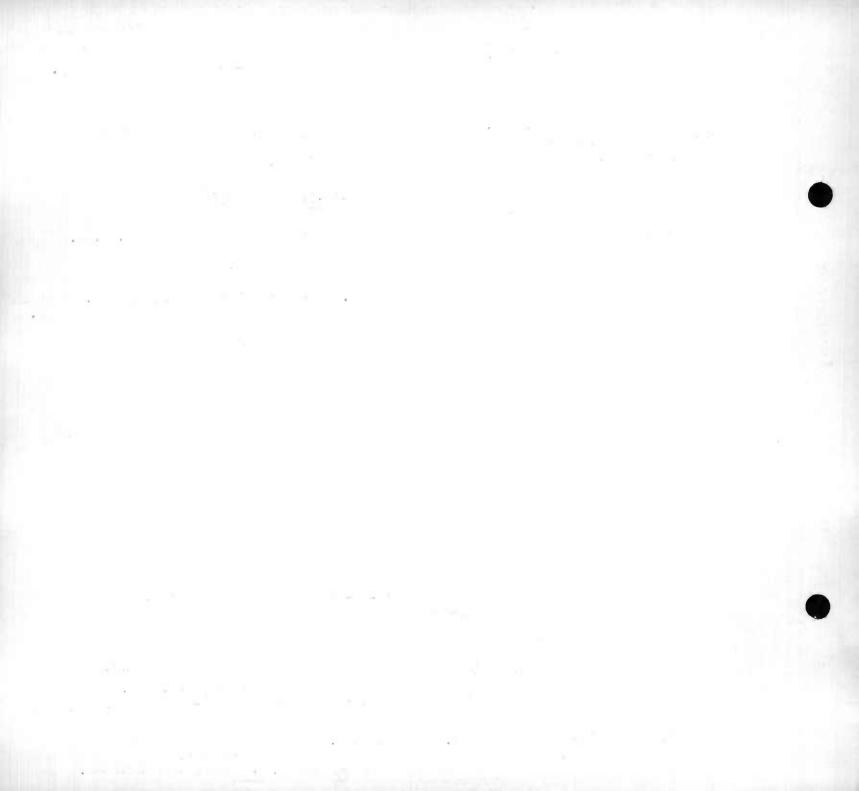
11/7/69 - Correction form from funeral director.

11.10 HE THE THE WAY THE STATE OF 342 A. Y

A STATE OF THE PROPERTY OF THE REAL PROPERTY OF THE PARTY
		R-340 69 10830 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 69 10830
	(Ту	NAME OF DECEASED VIOLA RIDDLE 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 10.28.69 M
	FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY A. STATE B. COUNTY A. STATE B. COUNTY A. STATE C. CITY OR TOWN D. INSIDE CITY LIMITS?
	-	FRANKLIN SQUARE Baltumore VES F NO []
9	-	HOSPITAL 1427 W. Baltumone ST
is mad	1	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min.
_	don	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
051		FATHER'S NAME 14. MOTHER'S MAIDEN NAME
al disposition	15. (Ye:	WILLIAM BDWARD SMITH GRACE GONNSON Wes Decessed Ever in U. S. Armed Forces? s, no or unknown) [IIf yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
1:na	_	214-18-0792
0		DISEASE OF CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
palme		LEADING TO DEATH (This does not meon the mode of dying, e.g., heort failure, asthenia, etc. It means the disease, injury or complication which coused death,) (A) IMMEDIATE CAUSE LL L UMF PBSCESS DUE TO, OR AS A CONSEQUENCE OF:
E		ANTECEDENT CAUSES (B) Consistence candiage lailant
as are		DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the UNDERLYING CONDITION lost. (c) + Palmanany Industry
remains	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
e the	CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Derore	CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bidg., INJURY OCCUR?
ained	MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (APPROX.) White At Work At Work
001		22. I certify that (I) (this hospital) attended the deceased from 9 r 20 4 19 69 to 10 4 28 19 69
9		that (I) (we) lost sow the deceased alive on 6 0 15 19 6 ond that In (my) (our) opinion death occurred on the date
must		ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.
		Attending Med. Stoff Director Phys.
approvat		23C. PHYSICIAN'S NAME (Type) ANIS. Fatura SIDDIQ DEGREE M.D. FRANKLIN SQUARE ANIS. Fatura SIDDIQ DEGREE M.D. FRANKLIN SQUARE
		BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
rirren		Burial 11/3/69 Baltimore National Cemetery Baltimore, Md.
3		NOV 4 1969 0234 2 0 0 Wetzke, 4101 Edmondson Ave., 21229
	VS 1	150-REV. 1/1/68



P 700 00 1000	BALTIMORE CITY	HEALTH DEPARTMEN	NT.	00 40
T-300 69 1083	CERTIFICA	TE OF DEAT	'H REG. NO	69 10831
1. NAME OF DECEASED (Edward)		2. DA	TE AND HOUR OF DEAT	н
William Rudd			11-2-69	8:05 p. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) INSTITUTION Provident Hospital, Inc.		Maryla C. CITY OR TOWN	o. In	Institution: residence before odmission) NSIDE CITY [IMITS?
3 C 1514 Division Street		Baltim	ore	YES X NO
Baltimore, Maryland 212	17	E. STREET AND NUME		
		8. DATE OF BIRTH	. Fulton Aven	
Male Negro WIDOWED		11-15-20	9. AGE (In years lost birthdow)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even it retired)	BUSINESS OR INDUSTRE	11. BIRTHPLACE (State of	ir loreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed		Virginia		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	0. D. A.
Howard Rudd		Enim	a Bunch	
15. Was Docaased Ever in U. S. Armod Forces? (Yes, no or unknown) (If yos, give wor ar dotes of service)	SECURITY NO.	17. INFORMANT	0 / 0	ADDRESS
ves 8/18/43*11/16/45	223079624	Mrs. Adelaid	e Smith (Sist	er) 1031 N. Sarahann
18. 673 9	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY		11	1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	ISE HERATUR	Coma	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		A CONSEQUENCE OF:	,	
ANTECEDENT CAUSES		Wrenn	0.7	
DISEASES OR CONDITIONS, II any, giving	(B)	A CONSEQUENCE OF:	<i>C</i>	***************************************
rise to the obove cause (A) stating the UNDERLYING CONDITION last.	(c)	A GONDEQUENCE OF:		
. 1				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	******************	*******************		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-DATE OP OPERATION 198. CONDITION FOR V WAS PERFORMED 214-ACCIDENT WAS LINDERLYING 1	VHICH OPERATION	20A. AUTOPST? (Yes	or No. 20B. IF YES, WERI	E FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF home etc.)	PLACE OF INJURY (e.g., ir e, form, factory, stroot, of	or about 21C. WHERE D	ID (If In Boltim	ore City, give exact lacation)
> IOF INJURY	INJURY OCCURRED Not White At Work		INJURY OCCUR?	
22. I certify that (I) (this hospital) attended th		J-28-69	19 to 1.	1-2-69
that (I) (we) last saw the deceased alive on	11 0 00	***************************************		pinian death occurred an the date
and hour and from the causes stated above. (1)	(We) (did) (did not) v			
23A. SIGNATURE	_ 1			238, DATE SIGNED
Mond	ALCEN Disco	nding Med.	Stoff X	11-2-69
23C. PHTSICIAN'S NAME (Type)	DEGREE		ident Hospital	
	NOCO MD	2100	on Street D	1+imana Massar
	PEGREE			altimore, Maryland
REMOVAL (Specify)				City, town, or county) (State)
	lto. Nat 1.		Baltimore,	Maryland
NOV 4 1969 The E. Jahren	F REGISTRAR	25C. FUNERAL DIRECT	.W. 1348 C	alhoun St.
/S 150+RFV- 1/1/6R	1 1			



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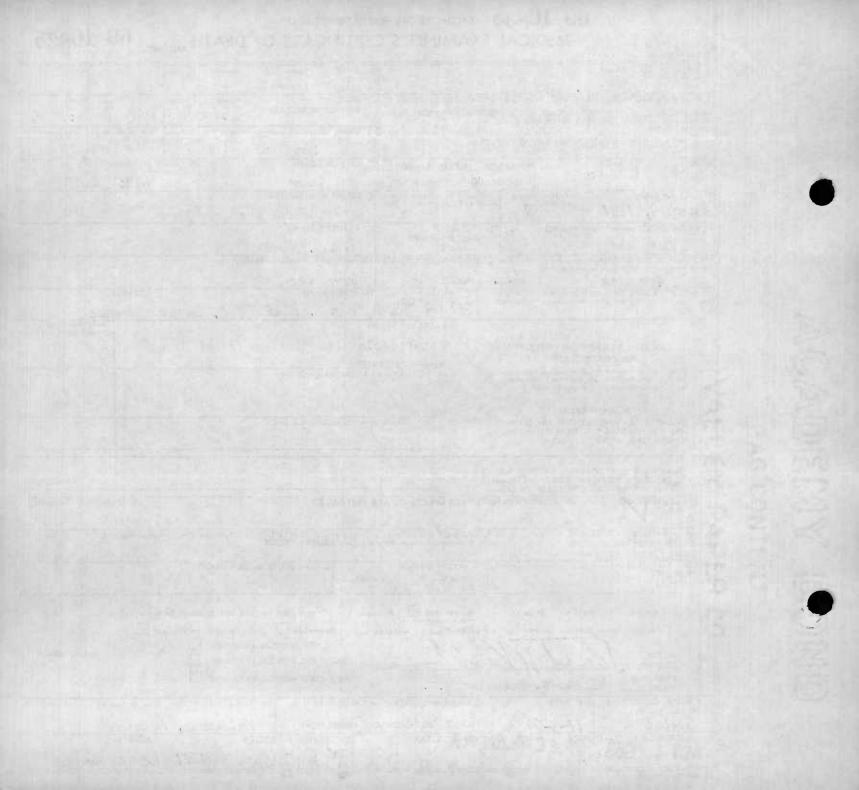
010	4-40	0				MINER'S				OF	DEAT	H REG.	NO	69	108	32
1.1	TH NO.	EASED					2. DA1		Known		Month	Day		Yeor	Hour	
(Тур	e or Print)	AMES I	. HALL				DEA	F	Estimot							
4. P	LACE IN BAL			HERE P	RONOUN	CED DEAD	3. DAT				Month	Doy		Yeor	Hour	М.
HOS	NAME OF	(IF NO	T IN HOSPITA	LORINS	TITUTION,	GIVE STREET			NCED DE		Novemb		2,19	69	8:2	- M
18	1513 N.		un Str	eet	(DOA)		A. STA	7.5	aryla		deceased II	B. COUI		151		ission)
6. 5	EX	7. RACE		B. MARI	RIED N	EVER MARRIED	C. CITY	OR	TOWN			D. INSI	DE CITY	/ LIMITS?		
	Male	Neg	ro	WIDON	WED 🔀	DIVORCED	Ва	lti	more				YES	1	NO 🗌	
9. D	ATE OF BIRTH	1	10. AGE (In		If Under Months	1 Yr. If Under 24 Hrs Doys , Hours , Min.	E. STR	EET A	ND NUM	BER						
	3-16-10			59			15	13 1	N. Ca	lhou	n Stre	et				
11, 1	BIRTHPLACE (S	tote or foreig	gn country)		12. CITIZ		13. FAT	HER'S	NAME							
	Md.				Wind	S.A.		Geo	orge	Hal	7					
I 4A.	USUAL OCCUI	PATION (Giv	re kind of work	4B. KINI	OF BUSI	NESS OR INDUSTR	Y 15. MC	THER	'S MAIDE	N NA	WE					
UUING	doring mostor w	orking inte, ev	ren irrenrea)					FIT m	rira	Snn	iggs					
16.	WAS DECEAS	D EVER IN	U.S. ARMED	FORCE	5? 17.	SOCIAL	18. IN	ORM	ANT	DUI	TEED		ADI	DRESS		
(Tes,	no or unknown)	(If yes, give	wor or doles	t service	*)	SECURITY NO.		ibn 🛶		D o	~~h ~ ~					
1	9.	7				CAUSE OF DEA			rira	Dra	xton		S	ame	PROXIMATE	INTERVAL
	360), 2												BETW	EEN ONSET	AND DEATH
		E OR COND	ITION DIREC	TLY		Peritor	nitis	and	d bowe	51 o	bstruc	tion				
			mode of dyl	ng, e.g.,		(A) IMMEDIATE		ISFOU	IENCE OF							
	heart foilure,	osthenio, etc	. It meons the ch coused deo	diseose,		DUE 10, OK	AS A COP	13500	DENCE OF:							
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,										-		
		ITECEDENT				(a) Sigmoi	d Vo	Lyu	lus					3.		
	DISEASES C	R CONDITI	ONS, IF ANY,	GIVING		DUE TO, OR	AS A CO	NSEQ	UENCE O	F:						
7	UNDERLYIN					(c)										
Q-		_	11			(0)										
CERTIFICATION			II NDITIONS CO													
문	TO THE DEA	TH BUT NOT CONDITION	RELATED TO	RT 1 (A)	INAL	100000000000000000000000000000000000000										
RT						CH OPERATION W	AS PERF	ORME	ED			_	T:	21. AUTO	PSY? (Yes	or No)
Ö	2,															
7	2A. FXTER	NAL CAUSE	WAS		228 PLAC	E OF INJURY(e.g.	In or ohe	22	C WHERE	DID /	ii la Baltima	en Clave ed		yes	S	
EDIC	UNDERLYING UTING [] CAI	OR CON	TRIB-		home, for	m, foctory, street, offi	ce bldg., e	c.) IN	JURY OC	CUR?	(ii tii boiiimo	re City, gr	ye exact	rocanonj		
Σ	22D. TIME (Month) (D	oy) (Yeor)	(Hou		HURY OCCURRED		22	F. HOWE	ID IN.	JURY OCC	UR?				
	(APPROX.)				m. WHILE		WHILE WORK									
	1 certi	fy that 1 h	eld on In	quiry [Par	hál)	3	and tha	t on th	nis basis,	death Ir	a my oi	plnion		
	result	ed from: N	lotural caus			ent Sulci			nicide [7	Undetermi					
		/			1/	D Soiler					XAMINER		ner 🗀			
	ACTUAL	1	1. 1	11/	/	11	54								DATE SIC	SNED
	SIGNATU		way	14.10	au.	M.I	٠,				XAMINER					
	NAME (T	ype) RO	nald N.	Kor							XAMINER	Ц	10	11,	/2/69	
REA	BURIAL CREM	ALION,	AB. DATE		24C. N.	AME of CEMETERY	or CREM	MATOR	RY	24D.	LOCATION	(City	, town, c	or county)	(SI	ote)
	Burial		11-6-6	9	Nit.	Calvery	r Cen	1.			Balt	0.			Md.	
25A	DATE REC'D	BY HEALTH	.63		AME OF	REGISTRAR			UNERAL D	IRECTO	PRV. B.		V ADI			
	NOV 4	1969	No Beats		Men.				gon,						Stre	et
ME I	61 DEN 3/2/10								-	-						

1 578		HEALTH DEPARTMENT	,	69 10023
2-020 69 1	0833 CERTIFICA	TE OF DEATH	REG. NO.	69 10833
NAME OF DECEASED	-1300 CERTIFICA		D HOUR OF DEA	TH
Type or Print)	1			
B. PLACE IN BACTIMORE, MARYLAND, WHERE	KONOUNCED DEAD HELE	TA USUAL RESIDENCE I Whe	31-69. Te deceosed lived. I	f institution: rosidence before admission
HOSPITAL OR ADDRESS OR LOCATIONS		C. CITY OR TOWN	Nd P. II	2/2345301 NSIDE CITY LIMITED
HARbOR VIEW NURSI		E. STREET AND NUMBER		YES NO NO
12/3 Light Stree	.	2717 6/	EN DAL	E RORD
SEX RACE 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
F. White WIE	OOWED DIVORCED	1-31-1890	79	
OA. USUAL OCCUPATION (Give kind of work 10B. Roome during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTR
Housewife		Germany		USA
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Gustav A. Bachmann		Bertha Fre	ederick	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of s	279	Mr. Norman E.		27.221
118.	CAUSE OF DEAT	2714 Glei	naale Rd.	2.1234 APPROXIMATE INTERVAL
It do day				BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTL		1 0 0		
(This daes not mean the made of dying	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	/· <u>/</u>) ·	
heart failure, asthenia, etc. It means the		A CONSEQUENCE OF:		
injury or complication which caused death	1.)	1	1 .	,
ANTECEDENT CAUSES	(B) CON	GESTIYE HE	ART Tail	URE
DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR A&	A CONSEQUENCE OF:		
rise to the abave cause (A) statis UNDERLYING CONDITION last,	(C)			
	/~/			
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT KELATED TO THE TER	MINAL	*************		
1994 DATE OF OPERATION 1985 CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltic	more City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	ffice bldg., INJURY OCCUR?	(a in built	City, give exect location)
21D. TIME Month) (Day) Year) (Ho	ur) 21 E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
21D. TIME Month) (Day) Yeor) (Ho OF INJURY (APPROX.)	While At Not While	е		
(ACTROX)	Work At Work		(8	
22. I certify that (this hospital) atte				10-31 1969
that (we) lost sow the deceased oli	ve on 10-31	19 6 9 ond th	ot in (our)	opinion deoth occurred an the do
and hour and from the couses stated of				
23A. SIGNATURE	cover (in the core) (and not)	new the body offer deaths		23B. DATE SIGNED
11. 1 4	- /k, () Atte	anding Med. Director	Staff	
W. A. Jend	GEGREE Phy	s. Director	Shaff Phys.	10-31-69.
23C. PHYSICIAN'S NAME IType)	160× M.D.	5701 THE A	LAMEDA,	BAL70. MD. 21212
AA. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION	(City, town, or county) (Stote)
Burial No. 2 1060		T	Baltimore	M.A.
NOV. 1. 1909	Oak Lawn Cemet	CLY		ADDRESS
MOA A 1393 JESER E GO	ME OF REGISTRAR	THENHY SANDY	17	INC.
and the same of th	9 5 9 0 1	A Ballimore	Md.	
'S 150-REV, 1/1/68				

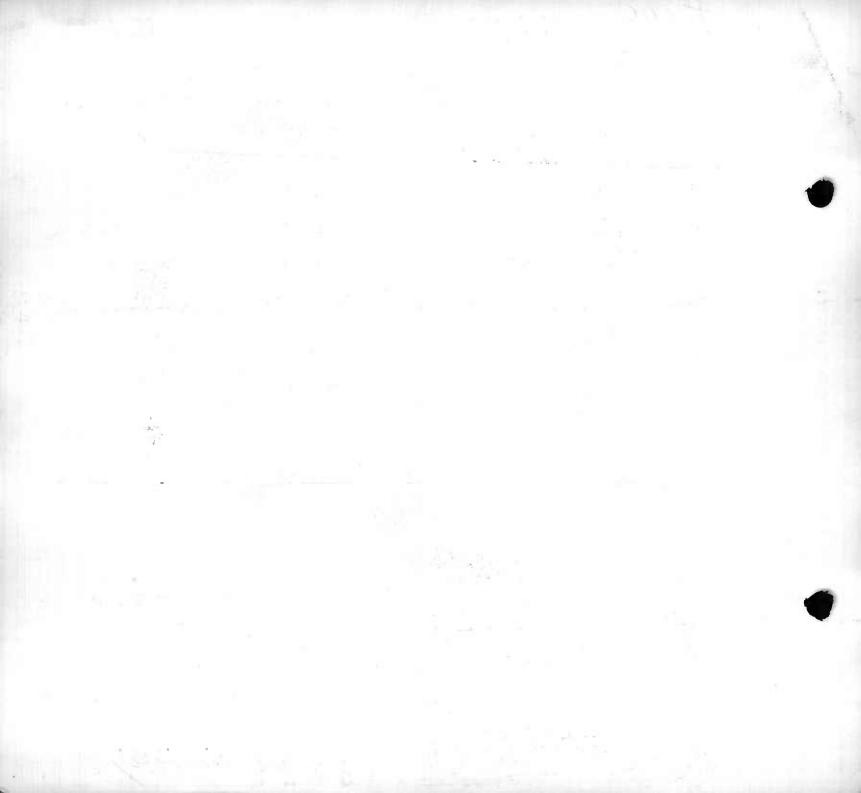
PORT OF THE PARTY
water it carried to the wint of the court of the first of the

69 10835 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. I. NAME OF DECEASED 2. DATE Known Month Year Hour (Type or Print) OF JOHN F. HIRT Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Haur Month Year PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET November 1,1969 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission JOHNS HOPKINS HOSPITAL B. COUNTY Maryland 7. RACE 6. SEX C. CITY OR TOWN B. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS Male White WIDOWED D DIVORCED | Baltimore YES X NO last birthdoy) 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Manths, Doys, Hours, Min. 837 Luzerne Avenue 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT EQUNTRY? Maryland John J. Hint Bldg. arpentar I rade Anna Svec 17. SOCIAL SECURITY NO 80A 18. INFORMANT 110 Luzerne Avenue 19. DISEASE OR CONDITION DIRECTLY Arteriosclerotic Cardiovascular Disease LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart lailure, asthenio, etc. It means the disease, injury ar camplication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in ar obout 22C. WHERE DID (II in Baltimore City, give exact location) home, form, factory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy)
OF INJURY (Year) (Hour) 22E.INJURY OCCURRED 22F, HOW DID INJURY OCCUR? NOT WHILE WHILE AT (APPROX.) AT WORK 23.

14A.USUAL OCCUPATION (Give kind al work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during mast of working life, even il retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no prunknawn) (Il yes, give wor or doles of service) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH C CERTIF I certify that I held an Inquiry Inspection XX Autopsy and that on this basis, death in my opinion resulted fram: Natural causes X Accident __ Sulcide __ Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER Ronald N. Kornblum, M.D. 11/2/69 NAME (Type) 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Holy Redeemen (Burial emetery Baltimore 25A. DATE REC'D BY HEALTH, DEPT Maryland 25C FUNERAL DIRECTOR ADDRESS hesaco Avenue VS 151-REV. 1/1/68



TEGOO CO 40000 BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 69 10836 CERTIFICA	TE OF DEATH REG. NO. 69	10836
1. NAME OF OECEASED (Type or Print) TERESIDA TORO	2. DATE AND HOUR OF DEATH	14:00 D
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decoosed lived. If institution:	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADORESS OR LOCATION)		ALTIMORE 5
THOREH HOLLE AND	BALTINOTE YEAR	
35 eHDECH HOLLE AND HOSPITAL	E. STREET AND NUMBER 32 LIBERTY PE	wy,
5. SEX 6. RACE W 7. MARRIED HEVER MARRIED WIDOWED DIVORCED	10/2/196	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life even if retired)	11. BIRTHPLACE (State or loreign country) 12. CIT	ZEN OF WHAT COUNTRY
13. FATHER'S NAME VIOL DODO	14. MOTHER'S MAIDEN NAME RESULA MO	S
5. Wos Deceosed Ever in U. S. Armed Farces? Yes, no or unknown Of yes, give wor ar dotes of service 9//-18-27/4	17. INFORMANT Charles Toro (Hurband)	ADDRESS 3 2 dileus
DISEASE OR CONDITION DIRECTLY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the made of dying, e.g., (A) IMMEDIATE CAU		3 days (?
heart foilure, asthenia, etc. It means the disease, injury at camplication which caused death.)	A CONSEQUENCE OF: Frequence	0
ANTECEDENT CAUSES	escleratie Heart	
DISEASES OR CONDITIONS, il any, giving nise la the abave cause (A) stating the UNDERLYING CONDITION tast. (C)	A CONSEQUENCE OF:	sul.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),	De Molling	12. Q.
19A. OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDEREO DE ATH?
21A. ACCIOENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in OR CONTRIBUTING CAUSE OF home, form, foctory, street, as of the contribution of the co	n ar obout 21C. WHERE DIO (If In Boltimare City, giv fice bldg., INJURY OCCUR?	re exoct lacation)
210. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW OID INJURY OCCUR?	
(APPROXI		
22. I certify that Mithis hospital) attended the deceased fram	1710	130 1969
that (M) (we) last saw the deceased alive an Ostalia 3	The state of the s	th accurred an the date
and haur and from the causes stated above. (1) (We) (did) (did hat) v		
Colon Do Mila Della , Atter	nding Med. Staff	30 6 9
	3D. ADDRESS , 100 n. Browning &	Balks, MD
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, o	or countyl (State)
BURIAL 11/3/69 OAK LAWN	BALTO. CO., MD	
NOVI 4 REC. 1969 ALTERIA E. STANKE, PERSISTERAR	WALTER BROOKS BRADLEY	DUNDALK, MD
/\$ 150-PEV 1/1/68		



IMPORTANT

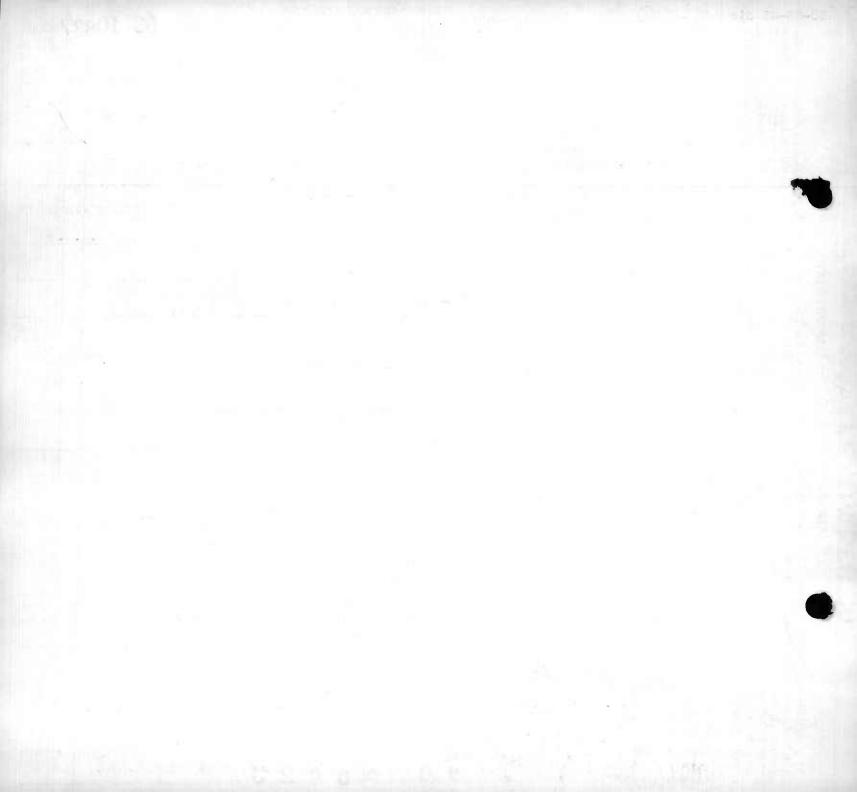
DIRECTOR:

FUNERAL

11/18/69 - Correction form from funeral director.

11/20/69 - Letter from Atty. Henry M. Decker, Jr.

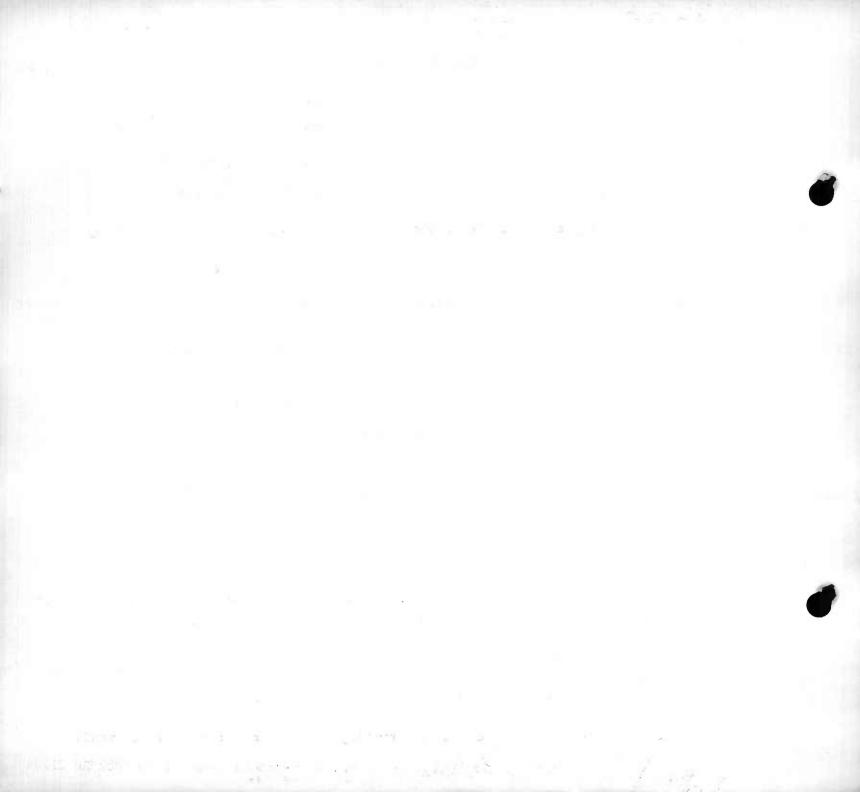
Insurance policy from PrudentialLife Insurance Policy -22 114 850. Issued: 2/28/1961. Birth date: 1/31/1904.



IMPORTANT

DIRECTOR:

FUNERAL



TIME (Month) (Doy) (Year) (Hour)	22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
acy l	WHILE AT NOT WHILE AT WORK		
certify that held an Inquiry	Inspection XX Autopsy	and that on this basis, death in my opinia	n
resulted from: Natural course	Accident Suicide 1	damicide Undetermined manner	
	00	CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE	M.D. AS	SISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S		OCIATE MEDICAL EXAMINER	

24B, DATE 24A. BURIAL CREMATION. REMOVAL (Specify)

Asidore Mihalakis, M.D.

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or county)

10/31/69

(Stote)

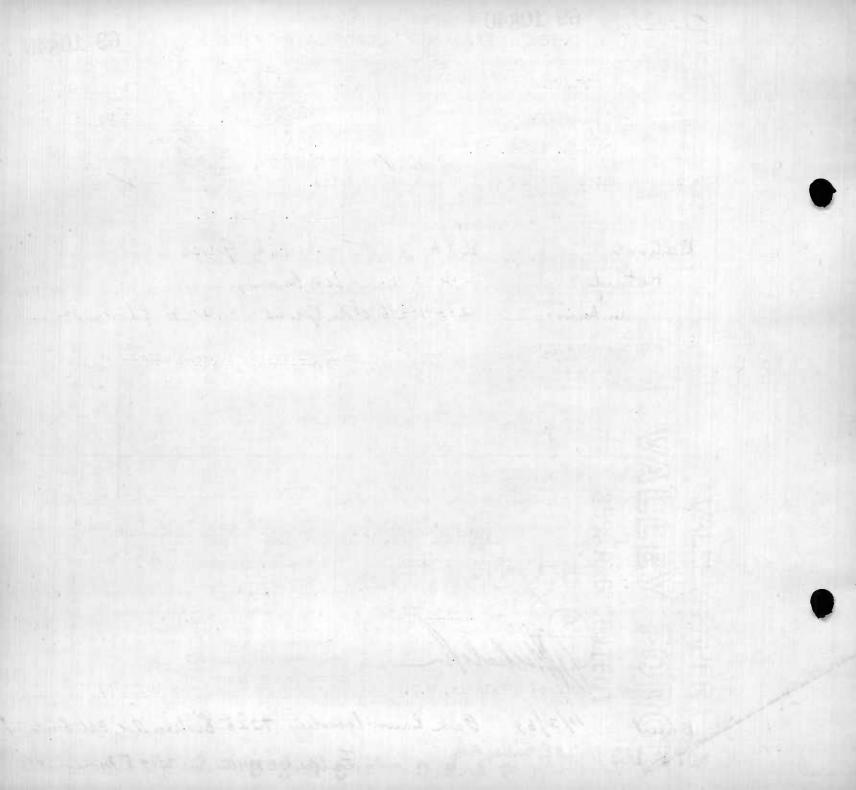
25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

VS 151-REV. 1/1/68

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.



2. DATE AND HOUR OF DEATH (PLON OUNCES) 11/2/69 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) DELAWARE D. INSIDE CITY LIMITS? YES If Under 1 Yr. Months 12. CITIZEN OF WHAT COUNTRY? 925 KENILWOTOTH WILM. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exoct location) and that in (my) (aur) apinion death accurred an the date 23 B. DATE SIGNED written approval deceased shaws: I. Manitoba, Canada SD Jenkins

BALTIMORE CITY HEALTH DEPARTMENT

& Sons Co., Balto., Md.

VS 150-REV. 1/1/68

NO P

Doys

CANADA

ADDRESS

BETWEEN ONSET AND DEATH

Stammal WHIKS

If Under 24 Hrs.

Action problem SANTANT PROPERTY TO SANTANT

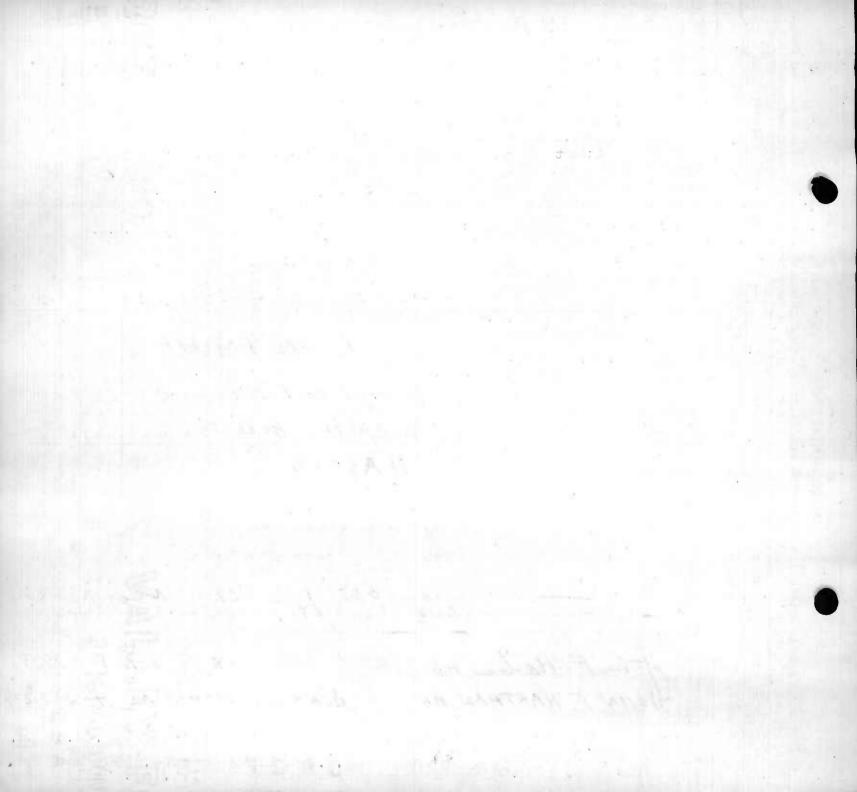
The state of the second of

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

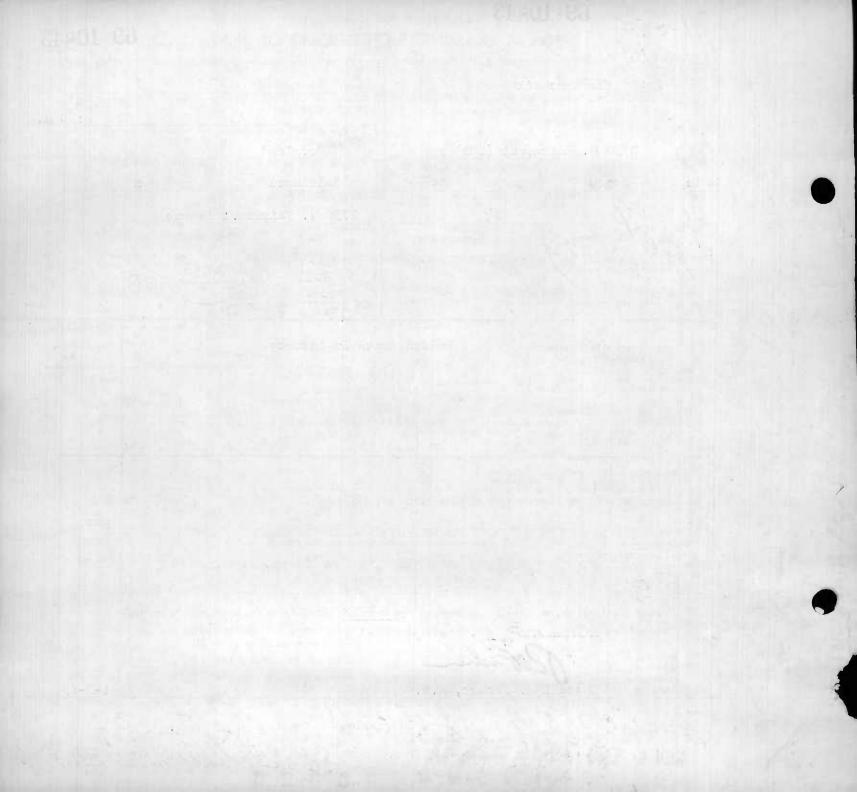
IMPORTANT

FUNERAL DIRECTOR:

69	1004	2 CERTIFICA	TE OF DEATH	REG. NO	69 10842
	1007	CERTITION		AND HOUR OF DEAT	H
	ood				9:15 A. A
LTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	
(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Md.	JINTY	1307
				D. IN	SIDE CITY LIMITS?
		-			YES 🔀 NO 🗌
					21211
6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min,
White			Jan. 19,1897	72	Months Doys Hours Min,
	k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTR
	Dept.	of Education	Marvland		U.S.A.
ME				AME	0 10 111
m Wood			Mary E. McColm		
d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
m yes, give wor or don	es or service)	213-48-7454T	Jenkins Memor	ial - 1000 S	6. Caton Ave., 3122
0.91		CAUSE OF DEATI	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
II IFICANT CONDITIONS CONTH BUT NOT RELATED TO	HE TERMINAL	H	4SCVD		
F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208. IF YES, WER	E FINDINGS CONSIDERED
F OPERATION 198. COM		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
F OPERATION 198. COM	PORMED 218	PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes or or or obout 21C. WHERE DID in or obout 21C. WHERE DID injury occur?		E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exoct locotion
F OPERATION 198, CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF	PORMED 21B	PLACE OF INJURY (e.g., i ee, form, foctory, street, of	n or obout 21C. WHERE DID in bidg., INJURY OCCUR?	(If in Baltim	
F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UITING CAUSE OF y medical examined	21B homelc. (Hour) 21E.	PLACE OF INJURY (e.g., i re, form, foctory, street, of	n or obout 21C. WHERE DID in injury occur?	(If in Baltim	
F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UNDERLYING (Month) (Doy) (Year) The property of the property	(Hour) 21E. Who I) attended t ed alive an	PLACE OF INJURY (e.g., in the property of the	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID II	(If in Baltim	ore City, give exact location) NOV. 3. 19 6 7. pinian death accurred an the death accurred and the death accurre
TOPERATION 198. CON WAS PER ENT WAS UNDERLYING [SUTING CAUSE OF y medicol exomined] (Month) (Doy) (Year) That (1) (this hospital) last saw the decease and from the causes standard from the cause	(Hour) 21E. Who I) attended t ed alive an	PLACE OF INJURY (e.g., ine, form, foctory, street, of the foctory, street, street, of the foctory, street, street, of the foctory, street,	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID III The property of the pro	(If in Baltim	ore City, give exoct location) NOV. 3. 19 6 9. Prinian death accurred an the da
F OPERATION 198. CON WAS PER ENT WAS UNDERLYING LAUSE OF y medicol exominer (Month) (Doy) (Year) That (1) (this haspital to the decease of from the causes stand from the cause stand from the cau	(Hour) 21E, Wh wo steed above. (I	PLACE OF INJURY (e.g., in, form, foctory, street, of the form, foctory, street, of the foctory, street, street	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID II 21F. HOW DID II 21F. HOW DID II And Director 23D. ADDRESS JENKINS 24D.	(If in Baltim NJURY OCCUR? 19 & 9 ta	ore City, give exoct location) NOV. 3. 19 67 pinian death accurred an the da 23B. DATE SIGNED NOV. 3, 1969 City, town, or county) (State)
F OPERATION 198. CON WAS PER ENT WAS UNDERLYING LAUSE OF y medical examined (Month) (Doy) (Year) That (1) (this haspital in the causes stand from the cause stand from the	(Hour) 21E, Who wo steed above. (I	PLACE OF INJURY (e.g., ine, form, foctory, street, of the foctory, street, street, of the foctory, street, street, of the foctory, street,	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID III 21F. HOW DID III 21F. HOW DID III And Director	If in Baltim NJURY OCCUR? 19 & 9 ta	ore City, give exoct location) NOV. 3. 19 6 9. Prinian death accurred an the da
	CEASED Miss Alice Wo LTIMORE, MARYLAND, V (IF NOT IN HOSPIT ADDRESS OR LOC Jenkins Me 1000 S.Cat Baltimote, 6. RACE White	CEASED Miss Alice Wood LTIMORE, MARYLAND, WHERE PRONOR (IF NOT IN HOSPITAL OR INSTITY ADDRESS OR LOCATION) Jenkins Memorial 1000 S.Caton Avent Baltimote, Maryla: 6. RACE White CUPATION (Give kind of work 108. KIND OF for working life, even if retired) Cher AME M Wood d Ever in U. S. Armed Forces? n) (Iff yes, give wor or doles of service) ASE OR CONDITION DIRECTLY LEADING TO DEATH nol meon the mode ol dying, e.g., , oslhenio, etc. II meons the diseose, mplicotion which coused deoth.) ANTECEDENT CAUSES OR CONDITIONS, if ony, giving the obove couse (A) sloting the IG CONDITION lost. II IFICANT CONDITIONS CONTRIBUTING ATH BUT NOT RELATED TO THE TERMINAL	TIMORE MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Jenkins Memorial Hospital 1000 S.Caton Avenue Baltimote, Maryland 21229 6. RACE White CUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY for working life, even if redired) Cher Dept. of Education ME MWOOD d Ever in U. S. Armed Forces? n) (Iff yes, give wor or doles of service) ASE OR CONDITION DIRECTLY LEADING TO DEATH nol meon the mode ol dying, e.g., oslhenio, elc. Il meons the diseose, implication which coused death.) ANTECEDENT CAUSES OR CONDITIONS, if ony, giving the obove couse (A) sloting lihe IG CONDITIONS, if ony, giving the obove couse (A) sloting lihe IG CONDITION lost. II IFICANT CONDITIONS CONTRIBUTING ATH BUT NOT RELATED TO THE TERMINAL	CEASED Miss Alice Wood LTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LITIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Jenkins Memorial Hospital 1000 S.Caton Avenue Baltimote, Maryland 21229 [S. RACE White Widowed DIVORCED DIVOR	CEASED Miss Alice Wood LITIMORE, MARYLAND, WHERE PRONOUNCED DEAD IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Jenkins Memorial Hospital LOOO S.Caton Avenue Baltimote, Maryland 21229 CUPATION (Give kind of work lob, kind of both work lob, kind of work lob, kin



VS 151-REV. 1/1/6B



George Washington MassingHome. 36 M. Chroline of Male Wegge - Feb 28 AM 72. north Carolina) Nya Diraman . George Smith 216-1420H Chart

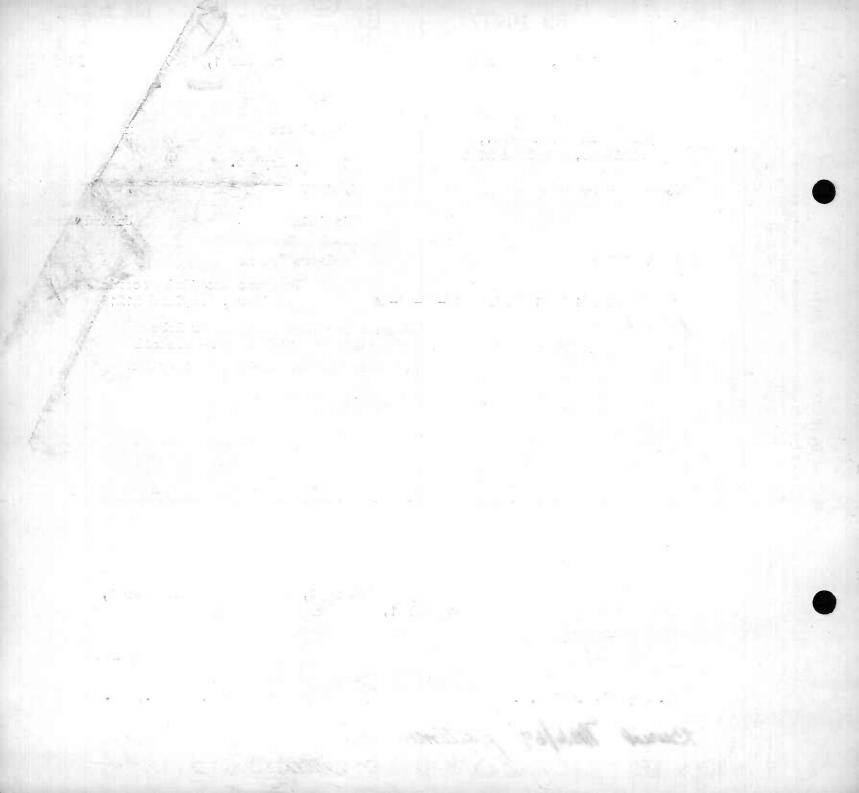
BALTIMORE CITY HEALTH DEPARTMENT

THE CHARLE WIN WHITE THE TREE WARREN WIN THAT HE THE

MARKON , NO DATE OF THE PARTY O

2//2]	BALTIMORE CITY HEALTH DEPARTMENT
sed the the uch	CERTIFICATE OF DEATH REG. NO. 69 10846
	BIRTH NO. 69 10846 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH
	(Type or Print) HUGHLETT, CORDELLIA 11.3.69. 1.05 pm.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
	nallin and and and and and and
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
	Del bon and
	I where to som the street and number
	219 N. Denison St.
	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Months; Doys Hours; Min.
	WIDOWED DIVORCED 12-31-99 69
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired) Falls, 431
	13. FATHER'S NAME
	JOHN AMOVOSE HENRIETTA WILLIAMS
	15 Was December 11 S. A. J. S.
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Daug, C. Banke & Sove.
,	
	18. 40 / X I CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH OF CALL STATE OF
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF:
	heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)
	ANTECEDENT CAUSES AUTHORITION
	DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS A CONSEQUENCE OF:
	iise to the obove cause (A) stating the
	UNDERLYING CONDITION losi, (C).
	z II
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	DISEASE OR CONDITION GIVEN IN PART I (A). U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A, ACCIDENT WAS UNDERLYING
	▼ DEATH (notify medical examiner) etc.)
	D 21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	West A New West
	(APPROX.) Work At Work
	22. I certify that (1) (this hospital) attended the deceased from 11/2 63 19 to 1/3 1967.
	that (1) (we) last saw the deceased alive on 1.05 pt 11/219 69 ond that in (my) (our) opinion death occurred on the date
	and hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth.
	23A. SIGNATURE 0/ 100 11
	Attending Med. Staff Director Phys. 11/3/18.
	23C. PHYSICIAN'S 23D. ADDRESS
	NAME (Type) PRATIMA KHASTAGIE Butheren Hospitel.
	24A. BURIAL CREMATION, 24B. DATE / 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	REMOVAL (Specify) 11/6/69 Put Colonia
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR SEC. FUNERAL DIRECTOR ADDRESS
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR. 25C. FUNERAL DIRECTOR ADDRESS
L	S 150-REV, 1/1/68
V	3 13V-RLT1 1/1/VV

I. 66 CO 100	BALTIMORE CITY	HEALTH DEPARTMENT	DEC NO	69 10847
SIRTH NO.	347 CERTIFICA	TE OF DEATH	REG. NO	
NAME OF DECEASED Type or Print)	1977	105	D HOUR OF DEATH	0.04 9
Fields, Leroy			ber 1, 1969	3:25 P
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		A. STATE B. COUN		ostitution: residence before admission
ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland C. CITY OR TOWN	IS TATE	NOT CITY HAVE CO
Veterans Administra	tion Hospital		D. INS	YES NO NO
1 3900 Loch Raven Blv	d.,	Baltimore E. STREET AND NUMBER		155 00 110
Baltimore, Maryland		4400 N C	O.L	
	IED A NEVER MARRIED	1/20 N. Gay	9. AGE (In years	If Under 1 Yr. , If Under 24 H
Male Negro WIDOW		4/24/07	lost birthdoyl	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10B. KINT	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNT
one during most of working life, even if retired)		Virginia		United States
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Robert Fields		Elnora Gree	ne	
5. Was Deceased Ever in U. S. Armed Forces? (es, go or unknown) (II yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT Vetera	ns Hospital	Records
Yes 4/22/41 to 10/2/			ore, Maryla	
1B. /	CAUSE OF DEATH	ic carcinòma le		APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoting UNDERLYING CONDITION lost.	3	ial effusion mu a consequence of:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltimor	re City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work			
		tohom 21	60 Name	ember 1. 19 69
22. I certify that 🂢 (this haspital) ottend			19 69 to Nove	
that 🄼 (we) last sow the deceased alive			nat In (mily) (our) api	nian death accurred an the d
and hour and fram the causes stated abav	e. (X) (We) (did) (did/not) v	iew the bady after death.		
23A. SIGNATURE	Au		C. 11 ====	23B, DATE SIGNED
10.1.	DEGREE Phys	nding Med. Director	Staff Phys.	11-2-69
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
M. Javaid Shafi M.D.		3900 Loch Rayer	Blvd. Balt	o., Nd. 21218
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE			ity, town, or county) (Stote)
REMOVAL (Specify)	Autoto Lean	Note B	-1-1	1 1 1 61
SA. DATE REC'D BY HEALTH DEPT. 26B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	3017	ADDRESS
WA 1000 DAD 2506	24 :0 0 n	month,	4 4 link	ADDRESS COL
11 4 505 Made BE Miller		1010 sursey	p. Weekt	200 110/11/2000
'S 150-REV. 1/1/6B				

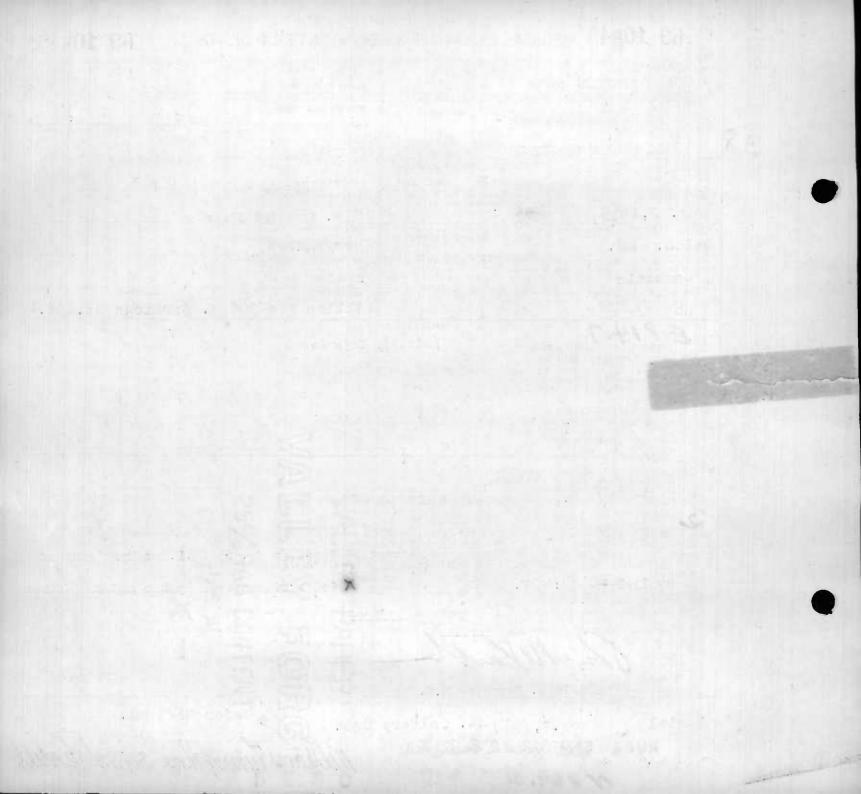


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(1	NAME OF DECE		vv		2. DATE OF		lonth Da	Ye Ye	or Hnur
4.		ALBERT FO		NOUNCED DEAD	DEATH 3. DATE	Estimoted .	lonth Do	Ye Ye	or Hour
H	JLL NAME OF DSPITAL R INSTITUTION	(IF NOT IN HOS	PITAL OR INSTITU	JTION, GIVE STREET		NCED DEAD NO	vember 1	,1969	13:59
1	1.1	N MEMORIAL	HOSPITA	L	A. STATE Ma	IDENCE (Where de ryland	B, COU		nce before odm
		. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR T		D. INS	IDE CITY LIMI	15?
	Male	White	WIDOWE	422	-11			YES 🖸	NO 🗆
У.	8/21/15	lost birt	hdox)	Under 1 Yr. il Under 24 Hrs onths Doys Hours Min.		N. Calvert	Street		
		te or foreign countr	y) 12. Va.	CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME n Allen			ца
14.	Shennandor A.USUAL OCCUP	ATION (Give kind of w	ork 148. KIND O	USA F BUSINESS OR INDUSTR					
4 b	eduly most of word equip	king lite, even it retir	ed)			a Funk			
16	WAS DECEASED	EVER IN U.S. ARA	MED FORCES?	17. SOCIAL	18. INFORMA	INT		ADDRESS	
	3,400 011110 111) (1	WW 2	es of service)	517-10-8465	Stover	Funeral H	ome		
	19. 433	3 . 91		CAUSE OF DEA	TH				APPROXIMATE I
		OR CONDITION D		Cerebra	l Infarct	ion			
	4	ADING TO DEATH meon the mode of		(A)IMMEDIATE	CAUSE AS A CONSEQUE				
2	UNDERLYING	CONDITIONS, IF ABOVE CAUSE (A):	ANY, GIVING STATING THE T.	(B) DUE TO, OR	AS A CONSEQU	ENCE OF:			
ERTIFICATIO	OTHER SIGNIF TO THE DEATI DISEASE OR CO	II ICANT CONDITIONS I BUT NOT RELATED ONDITION GIVEN II	TO THE TERMINA	<u>Epilep</u>					
CER.	20A. DATE OF C	PERATION 20B. C	ONDITION FO	R WHICH OPERATION W	AS PERFORMED			21. A	UTOPSY? (Yes
C	UNDERLYING [22B hon	PLACE OF INJURY (e.g., ne, form, loctory, street, office	in or obout 220 te bldg., etc.) INJ	WHERE DID (If in URY OCCUR?	Boltimore City, g	ive exoct locotic	on)
EDICAL	OF INJURY				WHILE	HOW DID INJUR	OCCUR?		
MEDICAL	(APPROX.)								
MEDICAL	23.		m.	WORK ATV					
MEDICAL	23, 1 certify	that I held on	Inquiry 🗌	Inspection . Au	topsy &	ond that on this	basis, death I	n my opinio	n
MEDICAL	23, 1 certify	that I held on	Inquiry 🗌		topsy (C)	Icide Und	etermined mor	_	
MEDICAL	23. I certify resulted	from: Natural c	Inquiry 🗌	Inspection Au	topsy K	_	etermined mor	_	DATE SIG
MEDICAL	23. I certify	from: Natural a	Inquiry 🗌	Inspection Au Accident Suicid	de Hom CH	Icide Und	AINER X	_	

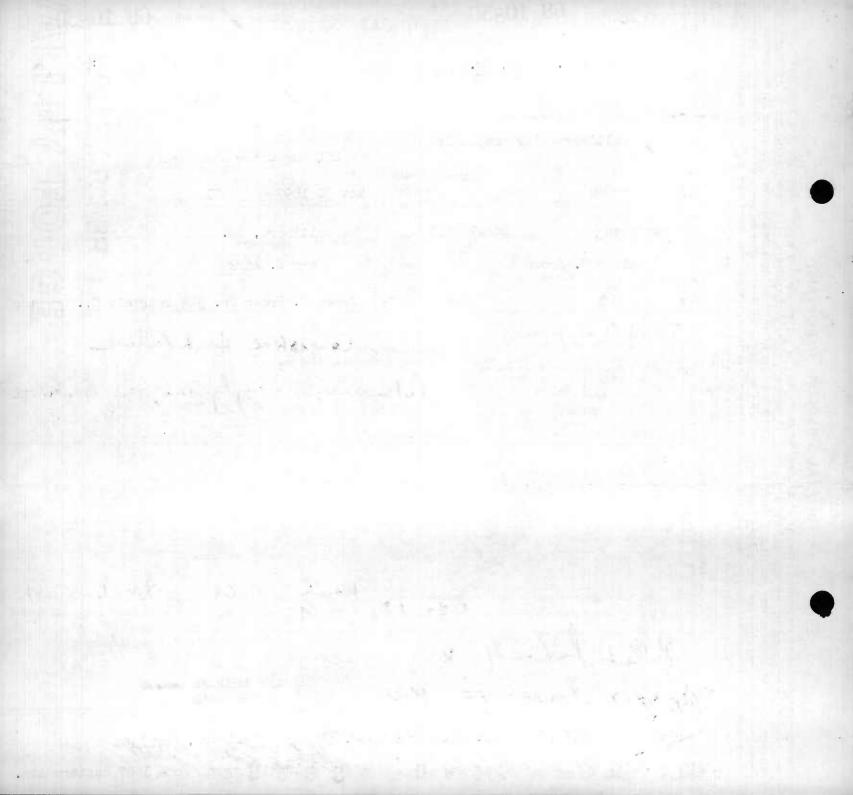
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69 :	10849	MED	ICAL		AMINER'S			F DEA	TH REG. N	. 69	108	49_
f. NAME OF DEC	LORET	CA BRO	WN		HEDELE	2. DATE OF	Known Estimoted	Month	Doy	Yeor	Hour	
4. PLACE IN BAL				ONOL	INCED DEAD	3. DATE	2011110100	Month	Dov	Yeor	Hour	М.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO		L OR INST		N, GIVE STREET	PRONOL	INCED DEAD	Nove	mber 2	1969	10:4	0 Рм.
	VERSITY	HOSPI	TAL			A. STATE	esidence (w land	here deceosed	B. COUNT		e before odmi	2
6. SEX	7. RACE			IED 🗌	NEVER MARRIED	C. CITY OR			D. INSIDE	CITY LIMITS	?	
Female	Neg	ro	WIDOW		DIVORCED [Balt:	more			YES X	NO 🗆	
9. DATE OF BIRT		fo. AGE (In lost birthdoy		If Und	er 1 Yr. If Under 24 Hrs. Doys Hours Min.	E. STREET A	ND NUMBER			120		
Aug. 2,		1					Sarato	ga Stre	eet			
Balto.	State or foreig	in country)			TIZEN OF HAT COUNTRY?	Jerry	s Name Queer	1				
			4B. KIND	OF BL	SINESS OR INDUSTRY	1						
done during most of		en ifretired)				Maggi	0	2				
16 WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? [1	7. SOCIAL	IB. INFORM				ADDRESS		
(Yes, no or unknown	(If yes, give	wor or dates	of service)		SECURITY NO.	Lilli	an Fee	906	W. Sar	atoga	St. Ar	ot.1
19.	A - 1 - 100	15			CAUSE OF DEA			7 - 0	., - 2000		APPROXIMATE II	NTERVAL
60	1951				Multipl	a Trains				BE	TWEEN ONSET	AND DEATH
DISEAS	LEADING TO		CTLY				res			3 10		
(This does not heart foilure	not mean the	mode of dy	ing, e.g., diseose.		(A)IMMEDIATE O	AS A CONSEQ	UENCE OF:					
	mplication whl											
DISEASES	NTECEDENT OR CONDITI E ABOVE CA	ONS, IF ANY			(8)	AS A CONSEC	QUENCE OF:				in-designation design design des de seu seu seu seu seu seu seu seu seu se	
IINDERIVII	NG CONDIT	ION LÁST.			(c)		*************	84-5-5-6-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8				
O THE DE.	NIFICANT COI ATH BUT NO R CONDITION	RELATED TO	THE TERM									
20A. DATE O				FOR W	HICH OPERATION W	AS PERFORM	ED	- 14.0		21. AU	TOPSY? (Yes	or No)
1060											yes	
22A. EXTER UNDERLYING UTING CA	NAL CAUSE			22B. PL home, l	ACE OF INJURY(e.g., orm, foctory, street, office	In or obout 2 e bldg., etc.)	2C. WHERE D	ID (If in Boltin R?	nore City, give	exoct locotion	1) 4	02
		ATH. Doy) (Yeor	·) (Hour	1 225	Stre	2	aratoga 2F. HOW DID	St. 58	ft.E.	of Myr	tle Av	enue
OF INJURY (APPROX.)		10:40	מנ	'	ILE AT NOT	WHILE TE	edestri			nit and	l run d	river
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	ted from: b				ident X Suicid		micide	Undeter	nined monne	. 🗆		
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ACTUAL	11	2.11	1/1/	1	1/		STANT MEDIC				DATE SIG	NED
SIGNAT		00 21	1/0		M.D).	CIATE MEDIC				11/2/69	0
EXAMIN NAME (onald N	V. Ko	rnb1	um,M.D.	ASSC	CIATE MEDIC	AL EXAMINE	· 🗀		11/2/03	,
24A BURIAL CRE REMOVAL (Spec Burial	MATION,	24B. DATE		24C.	NAME of CEMETERY		DRY 2	& Cede		l Md.	ity) (St	ote)
25A. DATE REC'D	BY HEALTH	969 0	28B. N	AME C	F REGISTRAR		FUNERAL DIR	FILMEN	Mayo	ADDRESS	n Lake	rished t
VC 252 DEV 2/2/4	0	F 13 F 1	1 0	-	9. 11	0 0	C CONTRACTOR	BUNGA	4 /10100	0////	- Jollyw	WWIDDI



IMPORTANT

FUNERAL DIRECTOR:



	BALTIMORE CITY	HEALTH DEPARTMENT		00 40054
0-4/6 69 10	851 CERTIFICA	TE OF DEATH	REG. NO.	69 10851
BIRTH NO.	CERTITION			
Type or Print)	•		D HOUR OF DEATI	9
DeNA K	DILVER		100 2,14	969 1 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNT		institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN	ID IN	SIDE CITY LIMITS?
		Balto		YESKI NO I
5000 LITCHFIELD	AUE	E. STREET AND NUMBER		1.50
00		5000 Li	texfeel	ld ane
6. SEX 6. RACE 7. MARR	IED NEVER MARRIED		ast birthday)	Months Days Hours Min.
T- WIDON	VED DIVORCED	april 10, 1890	79	
OA, USUAL OCCUPATION (Give kind of work 10B, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Russia		usa
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E	
Robert		Sonia		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS CALLS
Yes, no or unknown) (If yes, give <u>war or dotes of servi</u>	SECURITY NO.	m. Mchain A	wind	2501 Black Howk
18	CAUSE OF DEAT	H	9	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1.1	1 1011	A PETWEEN ONSET AND DEATH
LEADING TO DEATH	AND MANAGEDIATE CAL	deleren der	tei V.a	Viseage 2750
(This does not mean the mode of dying,		A CONSEQUENCE OF:		
heart failure, asthenia, etc. If means the dise injury or camplication which caused death.)	ose,	. 1)	
	H311	Molar -16	com la	192
ANTECEDENT CAUSES	(B)	ci por ce ve	XIII LE	
DISEASES OR CONDITIONS, if any, gi	ville -	A CONSEQUENCE OF:		
rise to the above couse (A) stating UNDERLYING CONDITION last.				
UNDERETHING CONDITION IGST.	(C)			
Z CALLES AND				Line of the same
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
DISEASE OR CONDITION GIVEN IN PART I (A).		***************************************		
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
*		NO		
U 21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., home, form, factory, street, o	n or about 21C. WHERE DID	(If in Baltim	nare City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	elc.)	mee blog., INSOKT OCCOK:		
O 21D. TIME (Month) (Day) (Year) (Haur)	215 INTHES OCCURRED	21F. HOW DID INJU	IBY OCCUPS	
Q 21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED		JRT OCCOR:	
(APPROX)	While At Work Not While At Work			1
22. I certify that (I) (this haspital) attend	-11-115	1/6-7	9ta/	11/7- 1629
	111-		,	1 7 mm
that (I) (we) last saw the deceased alive	an // /	19 and the	at in (my) (aur) a	pinian death accurred an the date
and haur and from the causes stated above	e. (I) (We) (did) (d id not) -	view the bady after death.		
23A. SIGNATURE	()			23B, DATE SIGNED
6 57/000	1 Her) AH	ending Med.	Staff	11/3/69
16: De la Cur	OEGREE Phy		Staff Phys.	111017
23%.PHYSICFAN'S NAME (Type)		23D. ADDRESS		
A STATE OF THE STA				
24A. BURFAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	FMATORY 240 LC	CATION ,	(City, town, or county) (State)
REMOVAL (Specify)	C. I ANE OF CENTETERS OF CR	240. 20		Carry or coomy
Burial nov 3,469	Druck Kid	se t	Resort	le Ma
1900	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS O
HOW A MOOD D. C. A. E. Harbe	KA	Sylvan Levie	ad Son 9	7610 Resolution 2
MA AND COOK AS ISSUED	1 1 1	3 5 5 6		
/S 150-REV. 1/1/68	_			

Milandenter IV bridge 2 /18 1. Statistics 400 11/3/49

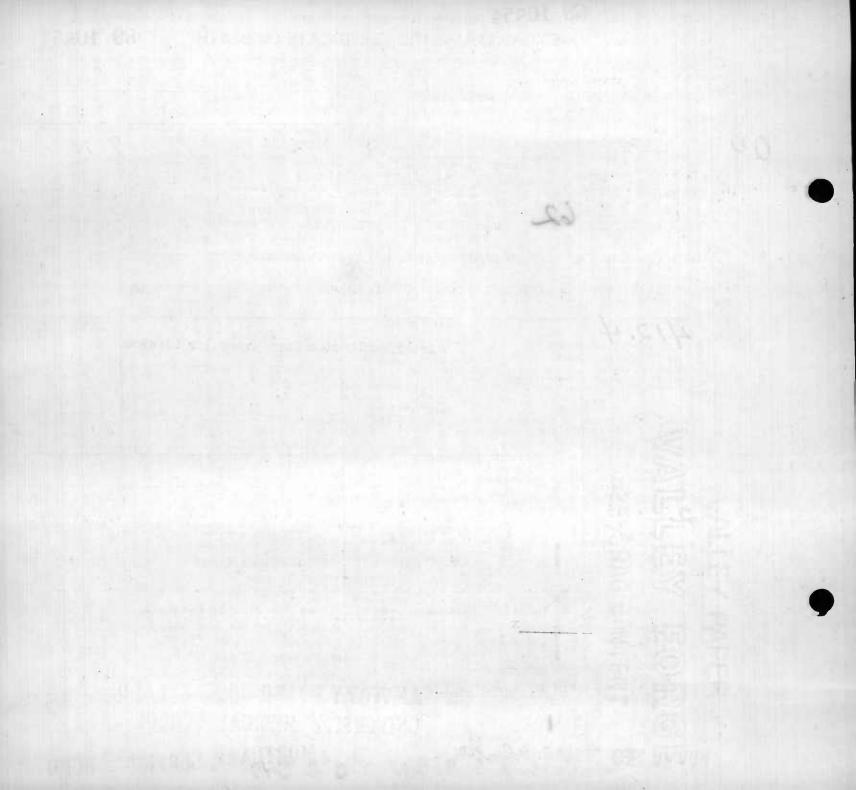
CO 40059 BALTIMORE CITY HEA	00 10
69 10852 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 69 10852
NAME OF DECEASED (Raena Fredericka Meye	PATE Known Month Doy Year Hour
Fredericka Meyers	OF DEATH Estimated Nov. 2 1969
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 11 2 69 12:15 PM
DR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
Johns Hopkins Hospital (DOA)	Maryland /03
SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES K NO
DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs.	E. STREET AND NUMBER
Sept. 12,1969 ast birthdoy) Manths Doys Hours Min.	612 S. Rose Street
1. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	
Maryland USA 44.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	Raymond F. Meyers
ane during mastof working life, even if retired)	13. MOTHER'S MAIDEN NAME
NONE	Anne M. Bell
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT ADDRESS
(res, na or unknown) (If yes, give war ar dates af service) NO SECURITY NO. NONE	Mr. Raymond F. Meyers 612 S. Rose St
19. CAUSE OF DEAT	
LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
Z22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB. home, form, foctory, street, office UTING ☐ CAUSE OF DEATH.	in ar about 22C. WHERE DID (If in Boltimore City, give exact location)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
23. I certify that I held an Inquiry Inspection Aut	
resulted fram: Natural causes 🖾 Accident 🗌 Suicid	
resolved indin. Redicted Cooses Accident Society	CHIEF MEDICAL EXAMINER 🗵
ACTUAL A SACTUAL	DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER
EXAMINER'S Price 11 C Figher M D	ASSOCIATE MEDICAL EXAMINER 11-3-69
NAME (Type) Russell S. Fisher, M.D.	
REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, ar county) (State)
Burial 11/4/69 Crest Lawn	Howard County Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 4 1969 Paper E. Farber M. D.	Henry Sander & Sons Inc.
	Asidimore Maryland 21213

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25B. NAME OF REGISTRAR **ADDRESS** 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. VS 151-REV, 1/1/6B



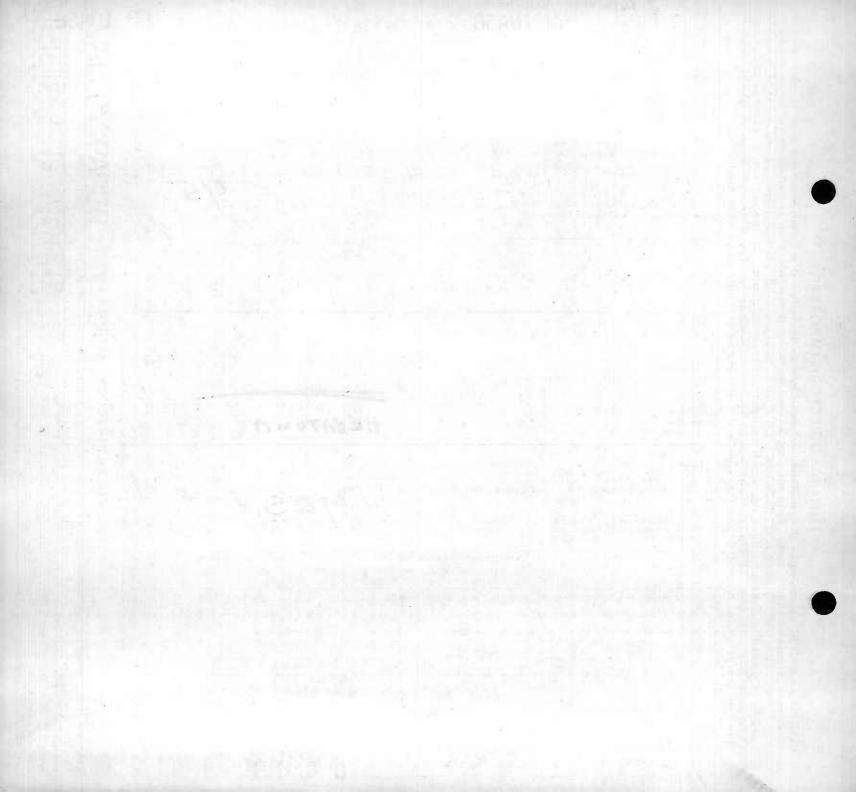
BALTIMORE BALTIMORE	CITY HEALTH DEPARTMENT
TH NO. 69 10855 CERTIF	
pe or Print GOMONDS, SALLY D	2. DATE AND HOUR OF DEATH OCAMBEL 30 The 1949
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE B. COUNTY
LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
THE UNION MEMORIAL HOSPITAL	E. STREET AND NUMBER THE STREET AND NUMBER
4	E. STREET AND NUMBER ENCORE HOUSE NURSING 218 RIDEWAY PL
F WIDOWED DIVORCE	10-03-84 lost birthdoy) Rt Months Doys Hours Min.
e during most of working life, even if refired	USTRY 11. BIRTHPLACE (Stote or loroign country) 12. CITIZEN OF WHAT COUNTRY UNICOUNT
FRANCES A DAVIS.	14 MOTHER'S MAIDEN NAME UNKNOWN
Was Decoased Ever in U. S. Armed Forces? in or unknown) III yes, give wor or doles of service) is 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
ANTECEDENT CAUSES	ASTA MANCE OF: OR AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (home, form, foctory, streetc.)	e.g., in or obout 21 C. WHERE DID (II In Boltimore City, give exect location) of, office bidg., INJURY OCCUR?
OF INJURY (APPROX) While At Not	While Work
	. 1
	the date
23A. SIGNATURE	at) view the bady after death. 238, DATE SIGNED
Telu-chi Jan-Chiang	Attending Med. Steff Phys. Director Phys.
TZEN-CHI FAN-CHIANG	23D. ADDRESS.
ns ns	
BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF THE PROPERTY OF THE PROPE	CREMATORY UNIVERSITY STORMED CONTROL (Stole) 25C. FUNITADRECE OF ARY SERVICE RCHR
	THE NO. AME OF DECEASED CERTIFICATION CONTRIBUTION CONTRIBUTION

11/6 address is 218 Ridgewood Rd. CT THE WINDS AUGUSTUS HOSPING SEWHAN THE 42-13-71 WHITEHOUSE FRANCES A CONTE WILLIAMSON and the second of Astronom brushing

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-	T.525	BALTIMORE CITY	HEALTH DEPARTMENT	0	0 10 50				
BIRT	J-525 69 108	56 CERTIFICA	TE OF DEATH	REG. NO.	9 10856				
1. N. (Typ	AME OF DECEASED OF OF Print! FREEMAN	gohnson	2. DATE AND H	SA-M	10.29.69				
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		A. STATE B. COUNTY)	D Af				
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE C	CITY LIMITS?				
50	Engels Din Sa	mane.	E. STREET AND NUMBER	Q YES	s No				
1	7,000	Hospital.	27 N ca	rey &	neet 1800				
5. 5	Lale Colonned WIDOV	VED DIVORCED DIVORCED		GE (In years) If Mo	Under 1 Yr. If Under 24 Hrs onths Doys Hours Min.				
	USUAL OCCUPATION (Give kind of work 10B, KINE during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreign of	country) 12	CITIZEN OF WHAT COUNTR				
13. 1	FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	Was Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dotes of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
_	18.	CAUSE OF DEATI	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT				
NOI	injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATED TO THE TERMIN	the (C)	a consequence of: HEPATOMA	TONO,	Indefinit				
	19A. DATE OF OPERATION 19B. CONDITION F			DB. IF YES, WERE FIND					
C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore Cit	ly, give exoct location)				
	21 D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY	OCCUR?					
1	22. I certify that (I) (this haspital) attended the deceased from [0.15., 1964 to]0.29.								
	that (I) (we) last saw the deceased clive on								
		GEGREE Atte	nding Med. Staf	f. 🗆					
	PANIS F. SIT	DIQI Medice	ANATUMY DO	ARD OF WA	ANSKAND .				
24A	REMOVAL (Specify) 248. DATE 24	C, NAME of CEMETERY or CRI	"UNIVERSITY"	MEDICAL"	SCHUUL (Stote)				
25A	N DATE REC'D BY HEALTH DEPT.	ME-OF REGISTRAR	255 AUNIAL DIRECTOR	SERVICE	- BCHD				
GL AL	150-REV, 1/1/6B								



		1-2		BALTIMORE CITT	HEALTH DEPARTMENT		OF TOXU
BIRTH N	- 50 NO.	69	1085	~ CERTIFICA	TE OF DEATH	REG. NO	2000/
(Type or	u	leinster	n, K	XXXXXXXXXXX	MARIE	1 - 3 - Gg	4.50 A.M.
3. PLAC	CE IN BALTI	MORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where A. STATE 8. COUNT		itution: residence before odmission)
FULL N HOSPITA	AME OF	(IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	Mary Can		E CITY LIMITS?
1	42				Balto.		YES NO 🗌
Si	inai	Hospita	000	Bellimore	E. STREET AND NUMBER 3 9 1 2 W 1	Jorthern F	of 1-A
5. SEX	6	RACE	7. ALADDIED	NEVER MARRIED		AGE (In years	If Under 1 Yr., If Under 24 Hrs.
F	emale	white	WIDOWED		5-1-14	ost birthdoy) 5	Months Doys Hours Min.
			10B. KIND OF		11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
done duri	So chall	rking life, even if retired)	OLL	ice	MOSSEXMANOSTEXAS	E PITTS. PA	91.54.
13. FATH	HER'S NAMI	2			14. MOTHER'S MAIDEN NAM	1E	
4	fact 1	Lewmax			Helrose H	Rusenslein	
15. Was	Deceased E	ver in U. S. Armed For	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		,		219-07-2258	George Weenst	Em, 3910 D). Martherso Onkway
18.	412	41		CAUSE OF DEATI	H		AP ROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OF CONDITION DIE	RECTLY		Card: 10	in here	7 526
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		sthenia, etc. II means licotion which coused					Part of the second second
-	1A	NTECEDENT CAUSES		(e) Suba	sechnoid &	ntrecerely	el
		CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF	team comp	Holes
		obove cause (A) CONDITION lost.	slaling line	(c) A.S.C	.0.5		Jew years ?
		II	2007		ATTENDED THE T		
		ANT CONDITIONS CO					
▼ DISE	EASE OR CO	DERATION 198. CON	T 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
O 19A)	WAS PERI				IN CERTIFYING CAU	
OR	CONTRIBUTE ATH (notify n	WAS UNDERLYING DING CAUSE OF	218 hom etc.	ne, form, foctory, street, of	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in 8altimore	City, give exact location)
□ 21 D	TIME (Month) (Doy) (Yeor)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
E LAD				ile At Not Whil	e \square		
(Ar.	PROX.)		Wo	rk L At Work			
		hat (1) (this haspital			110-1	961 ta	11-3 1969.
22.	I certify t	hat (1) (this haspital ast saw the decease) attended t	he deceased fram			11-3 1969,
22.	I certify that (I) (we) I	ast saw the decease) attended t	he deceased fram			17-3 19 69, ian death accurred an the date
22.	I certify that (I) (we) I	ast saw the decease) attended t	l) (We) (did) (did nat) v	19 69 and the	st in (my) (aur) apin	23B. DATE SIGNED
22. that and 23A.	l certify that (I) (we) lot have and	from the causes stated allen) attended t	I) (We) (did) (did nat) v	19 69 and the	st in (my) (aur) apin	
22. that and 23A.	I certify that (I) (we) led have and signature	fram the causes state when the causes when the cause) attended t	I) (We) (did) (did nat) v Attemption OEGREE AME of CEMETERY of CRI	19 69 and the riew the bady after death. Inding Med. Director 23D. ADDRESS Since 1	Shaff April	23B. DATE SIGNED 11-3-6-9 ABULG 1 town, of county) (Stote)
22. that and 23A.	I certify the trial (I) (we) In the trial (I) (we) In the trial (I)	fram the causes state when the causes when the cause	d alive an ted above. (I	He deceased fram () (We) (did) (did nat) v () OEGREE Phy OEGREE	19 69 and the riew the bady after death. Inding Med. Director 23D. ADDRESS Since 1	st in (my) (aur) apin	23B. DATE SIGNED 11-3-69 A Bello Road, Mayland ADDRESS
22. that and 23A.	I certify the trial (I) (we) In the trial (I) (we) In the trial (I)	from the causes stated alleger with alleger walley attorned attorned at the causes stated at the causes stated at the causes at	ed above. (I	M. D. OEGREE AME OF CEMETERY OF CRI	Inding Med. Size the bady after death. Med. Director 223D. ADDRESS Since to 24D. LC MATORY 24D. LC	Shaff April	23B. DATE SIGNED 11-3-6-9 ABULG 1 town, of county) (Stote)

The state of the s Love Hayerte of Bullion 3912 W Norther Mary 55 41-1-5 Maryland 1775 No. 21 The artic regardenterio 52 Suparachuruk & Introcontrol Henry of the standing 11-3 69 69 Mellen M. D. Carantalling, U.D. Some Horpe tet of Bell

11 1117	00	40050	BALTIMORE CITY	HEALTH DEPARTMENT		69 10050
/1/-46L) 03	10858	CERTIFICA	TE OF DEATH	REG. NO	03 10838
BIRTH NO. 1. NAME OF DECE (Type or Print)	Miller	e. ANN	A LOUISE	11/2	NO HOUR OF DEATH	1105 A A
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Whe		stitution: residence before admission)
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTITUT ATION)	ION, GIVE STREET	MARY LAND C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
O JEWISH	CONVELESANT	НОМЕ		BALTIMORE E. STREET AND NUMBER		YES NO X
					LLSTAFF MANO	
FEMALE	6. RACE WHITE	WIDOWED	NEVER MARRIED DIVORCED	5/10/03	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	orking life, even if retired)	AT HC	USINESS OR INDUSTRY	HOT SPRINGS.		12. CITIZEN OF WHAT COUNTRY
MAX	KRISS			14. MOTHER'S MAIDEN NA HANNAH		
S. Was Deceased	Ever in U. S. Armed Fo (If yes, give wor or dote	ices?	6. SOCIAL SECURITY NO.	17. INFORMANT	100 Miles	ADDRESS
NO	ar yes, give werer or do.			MR. DAVID MILLE	R. 3009 FALI	LSTAFF XMR MANOR CT
18. // 3/	9		CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEAS	OR CONDITION DI	RECTLY	CHAFARA	VASCULACE (Recident	Anna av 7
	LEADING TO DEATH		(A) IMMEDIATE CAU			MANGETIL
	at mean the made af		DUE TO, OR AS	CONSEQUENCE OF:		
	aslhenia, etc. It means plication which coused		1 - ME CA	ANDING COUR	en 00111000	
			7046 31	TRIBING COCC	HIRO VITSEU	NHIC
A	NTECEDENT CAUSES	•		DISTURE		
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Z OTHER SIGNIE	CANT CONDITIONS CO	ANITOIDILITINIC			Marie Town 2	
TO THE DEATH	CANTICONDITIONS CO I BUT NOT RELATED TO 1	HE TERMINAL	ARTEULO	surveorie c.	UP.	
DISEASE OR CO	OPERATION 1198, CON		HICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF		FORMED	THE STERATION	1010131	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21 B. P home, etc.)	LACE OF INJURY (e.g., i form, foctory, street, of	or about 21C. WHERE DID injury occur?	(If In Boltimor	e City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E. I	NJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
S OF INJURY		While	At Not Whil			
(APPROX.)		Work	At Work			
22. I certify	that (1) (this haspita	l) attended the	deceased fram	1/- 2-	1969 to	11-2-1969
	last saw the deceas			19and t	hat in (my) (aur) apl	nian death occurred an the da
and hoper and	fram the causes sta	ited abave	(We) (did (did nat) v	iew the bady after death.		
23A. SIGNATU	RE /	1		/		23 B. DATE SIGNED
Alka	OV12 1/1	1	Dhu	nding Med.	Staff Phys.	11-2-69
28C. PHYSICIA	Carrelly of		DEGREE	23D. ADDRESS	11193. —	0
NAME (T)	rpel >= pl		4 8	3502 WEST RO	SERS AUG	. OALTO. 123.21215
VOSEP	14 UTEKER	BAUM,	OT.D. DEGREE	•	JOSEPH 15	,
REMOVAL (S	pecify) 248. DATE	24C. N AA	AE of CEMETERY OF CRI	MATURY 24D. I	LOCATION	ity, town, or county) (State)
BURIA	L 11-4-6	CHI7	UK AMUNO	W	ROGERS AVEN	IUE, MARYLAND
2SA. DATE REC'D	BY HEALTH DEPT.	258. NAME OF	UK AMUNO REGISTRAR	25C FUNERAL DIRECTO		ADDRESS
NUV 5 19	169 M.R. A.E.	Jacken 88	2	SOL LEVINSON	& BROS., 60	010 REISTERSTOWN RI
VS 150-REV. 1/1/6	R					

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RELEA XX

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CERTIFIC LABRAGE RESIDENT ANTHER TOWNS

[H] [마구마토시작, 1988] 구인 P.L. R. P.M. .. H.W.

April Strending Controller intervale.

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11-2-69 11-2-69

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DESCRIPTION OF STREET

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6.	SEX	7. RACE	8. MA	RRIED NEVER MARRIED	C. CITY OR TOWN		. INSIDE CITY LIM	ITS?
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9.	DATE OF BIRT	H	10. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	E. STREET AND NUME			
	8-18-56		13	Nickinia i Boys i Nickinia	3120 Marne	tt Road #2	1208	
11.	BIRTHPLACE	State or foreig	n country)	12. CITIZEN OF	13. FATHER'S NAME	1000	1200	
W	HITE PL	AINS. N	٧.	WHAT COUNTRY?	DAVID BROS	MAM		
144	USUAL OCCL	JPATION (Give	kind of wark 14B. KI	ND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN	NAME		
ion	ne during most of	UDENT	en irretired)	SCHOOL	ETHEL ITZE	COWITZ		
16.	WAS DECEAS	ED EVER IN	U.S. ARMED FOR	ES? 17. SOCIAL	IB. INFORMANT	UW 1 1 2	ADDRES	S
	NO	(If yes, give w	or or dotes of serv	SECURITY NO.	MR. DAVID BI	DOCUME 210	A MADMAT	POAD #21208_
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	E O	E OD CONTO	TION DISCOUNT	Ennatura	of commical	anina		BETWEEN ONSET AND DEATH
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	(This does i	not mean the	mode of dying, e.	(A)IMMEDIATE C	AS A CONSEQUENCE OF:			
	heort foilure	e, osthenio, etc. mplicotion whic	. It meons the diseos th coused deoth.)	e,				
		OR CONDITION	CAUSES DNS, IF ANY, GIVII	(B)	AS A CONSEQUENCE OF	:		
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Z	UNDERLIT	NG CONDIII	ON LAST.	(C)				
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2	TO THE DE	ATH BUT NOT	RELATED TO THE TE	RMINAL				12 12 12 14
CERTIFICATION	204 DATE O		GIVEN IN PART 1	N FOR WHICH OPERATION W	AS PEREODMED		21	AUTOPSY? (Yes or No)
Ü	DAIL O	OLKANON	200. CONDING	TOR WHICH OF EXAMOIS W	AS FERT ORMED		21. /	1010/31/ (
		NAL CAUSE	NA/A C	228. PLACE OF INJURY (e.g.,	in as about 22C WHERE	DID (If in Rollimore	City sive exact loca	no
MEDICAL	UNDERLYING	OR CON		home, form, foctory, street, offic	e bldg., etc.) INJURY OC	CUR?		5 300
빌	UTING CA	(Month) (D		street 22E.INJURY OCCURRED		ights Ave.		Ridge Rd.
	OF INJURY							
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		tify that I he	eld an Inquiry	Inspection X Au	tansy and tha	t an this basis, d	eath in my anini	gn
			atural causes			7		
	resul	rea tram: IN	atural causes L	Accident IX		r	K	
	ACTUAL		1/10	che	ASSISTANT MED			DATE SIGNED
	SIGNAT		1010	M.D).		_	
	NAME (D	ussell S.	Fisher, M.D.	AS SOCIATE MED	ICAL EXAMINER	_	11-3-69
24	A. BURIAL CRE	.15-1	48. DATE	24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, town, or c	
	MOVAL (Spec	ify)			HILL THE			
	BURT	1	11-4-69	BETH TFILOH	lose FUNES : S	WINDSOR M	ILL ROAD	MARYLAND
25	SION E	BY HEALTH I	258	NAME OF REGISTRAR	25C. FUNERAL D			
	MAN 9	1303	1600 E 4	auber, M.D.	SAL LEVIN	SON18 BROS	. 6010 RE	ISTERSTOWN RD.
/S	151-REV. 1/1/6	8	Paul A					V

With the private and THE TAKET THEFAN STEE MANNES STRAIN THE HOLTET HTSH CO. PLANTIN THE LOW off Harmon's axes, your streeting

FUNERAL DIRECTOR: IMPORTANT

(9-61	5 69	10860		HEALTH DEPARTMENT	REG. NO.	69 10860
	RTH NO.		10000	CERTIFICA	TE OF DEATH		
	Type or Print) FRANKS SOLOMON GRUBMAN 2. DATE AND HOUR OF DEATH 125 AM 125 A						
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (When	re deceased lived. If in	stitution: residence before admission	
H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR STITUTION)				BUT ME C		
IN				E. STREET AND NUMBER 6314 Green swing Are, APT. 302			
	3 JOHNS HOPICINS HOSPITAR						
1							
	sex Male	6. RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		9. AGE (In eors lost birthdoy)	Months Doys Hours Min.
					11. BIRTHPLACE (Stote or forei NEW YORK	gn country)	12. CITIZEN OF WHAT COUNTE
dor	SALES!		TRUCK	CING CO.	XXXXXXXXXXX	XX	USA
	FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
		Grubman			Rose Kap	XXX KRAMER	
(Ye	s, no or unknown	Ever in U. S. Armed For (If yes, give wor or dote		16. SOCIAL SECURITY NO.	17. INFORMANT	UBMAN . ~6314	GREENSPRING AVE
u	yym			059-09-0311		XXXXXXXXXXXXX	
	1	ANTECEDENT CAUSES		(1)	() // . A . /		
NC	other signif	OR CONDITIONS, if a obave cause (A) CONDITION last.	any, giving sloting the		A CONSEQUENCE OF		
TATION	OTHER SIGNIF	e obave cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	any, giving slotling the INTRIBUTING HE TERMINAL RT 1 (A).	(c)	per te sin		
RTIFICATION	OTHER SIGNIF	e obave cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	any, giving sloting the INTRIBUTING HE TERMINAL RT 1 (A).			208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CERTIFICATION	OTHER SIGNIF TO THE DEAT DISEASE OR C 119A. DATE OF OR CONTRIBL	c obave cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON	any, giving sloting the INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR WE FORMED	(c)	per to Sin	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? Te City, give exact location
AL C	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF OR CONTRIBL DEATH (notify	O DERATION 198. CONDITION 1051. ILLIANT CONDITIONS COMBUT NOT RELATED 10 TON 198. CON WAS PERION 198. CON WAS PERION 1100 CAUSE OF	any, giving sloting the State of the State o	/HICH OPERATION PLACE OF INJURY (e.g., i e, form, foctory, street, of injury occurred Not While	20A. AUTOPSY? (Yes or No NO NO nor obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	USES OF DEATH?
EDICAL C	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDER OR CONTRIBL DEATH (noifly 21D. TIME OF INJURY (APPROX.)	O DERATION OF CONTROL	ony, giving sloling the INTRIBUTING HE TERMINAL XI 1 (A). IDDITION FOR W. FORMED 218. home etc., (Hour) 218. Whill Work	/HICH OPERATION PLACE OF INJURY (e.g., is, form, foctory, street, of injury OCCURRED At Work	20A. AUTOPSY? (Yes or No NO NO n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimor	USES OF DEATH?
EDICAL C	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A-DATE OF 21A. ACCIDEN OR CONTRIBL DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (I) (we)	Obave cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED 10 T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING ITING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (1) (this hospital	any, giving stoting the stoting the stoting the stoting the stoting the stoting the stoting that storing the stoting that stoting the stoting that stoting the stoting that stoting the stoting that stoting the storing that stoting the storing that stoting the storing that storing the storing the storing that storing the storing that storing the storing thad storing the storing that storing the storing that storing the	/HICH OPERATION PLACE OF INJURY (e.g., i, form, foctory, street, of the control	20A. AUTOPSY? (Yes or No NO NO nor obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ	(If in Boltimor	USES OF DEATH? Te City, give exact location)
EDICAL C	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF OR CONTRIBL DEATH (noify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and hour one	CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 1798. CON WAS PERI IT WAS UNDERLYING ITING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (1) (this hospital lost saw the decease	any, giving stoting the stoting the stoting the stoting the stoting the stoting the stoting that storing the stoting that stoting the stoting that stoting the stoting that stoting the stoting that stoting the storing that stoting the storing that stoting the storing that storing the storing the storing that storing the storing that storing the storing thad storing the storing that storing the storing that storing the	/HICH OPERATION PLACE OF INJURY (e.g., i, form, foctory, street, of the control	20A. AUTOPSY? (Yes or No NO NO INO INJURY OCCUR?	(If in Boltimor	USES OF DEATH? Te City, give exoct location) 1969 Il 3 1969 Il and death occurred on the death
EDICAL C	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A-DATE OF 21A. ACCIDEN OR CONTRIBL DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (I) (we)	CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 1798. CON WAS PERI IT WAS UNDERLYING ITING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (1) (this hospital lost saw the decease	any, giving stoting the stoting the stoting the stoting the stoting the stoting the stoting that storing the stoting that stoting the stoting that stoting the stoting that stoting the stoting that stoting the storing that stoting the storing that stoting the storing that storing the storing the storing that storing the storing that storing the storing thad storing the storing that storing the storing that storing the	/HICH OPERATION PLACE OF INJURY (e.g., i e., form, foctory, street, of the control of the contr	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA (If in Boltimor URY OCCUR? 19 6 10 10 10 10 10 10 10 10 10 10 10 10 10	USES OF DEATH? THE City, give exect location 19 69 Inlan death occurred on the day 23B. DATE SIGNED
EDICAL C	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATU	ODERATION 198. THE WAS UNDERLYING COMMANDITION 198. TONDITION GIVEN IN PAR OPERATION 198. CON WAS PER OPERATION 198. CON WAS PER OPERATION (Month) (Doy) (Year) That (I) (this hospital lost saw the decease of from the causes state of the causes of the causes of the cause of the causes of the causes of the causes of the cause o	any, giving stoting the stoting the stoting the stoting the stoting the stoting the stoting that storing the stoting that stoting the stoting that stoting the stoting that stoting the stoting that stoting the storing that stoting the storing that stoting the storing that storing the storing the storing that storing the storing that storing the storing thad storing the storing that storing the storing that storing the	/HICH OPERATION PLACE OF INJURY (e.g., i e., form, foctory, street, of the control of the contr	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA (If in Boltimor URY OCCUR? 19 10 to V of in (my) (our) opi	USES OF DEATH? Te City, give exoct location) 1969 Il 3 1969 Il and death occurred on the death
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MEDICAL C	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDEN OR CONTRIBL DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T.	CONDITION IOSI. II ICANT CONDITION IOSI. ICANT CONDITIONS CO H BUT NOT RELATED TO T OPERATION 198. CON WAS PER IT WAS UNDERLYING ITING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (1) (this hospital lost saw the decease If from the causes state RE Very Control RE	any, giving stoling the stoling the stoling the stoling the stolength of t	/HICH OPERATION PLACE OF INJURY (e.g., i.g., form, foctory, street, of the control of the contr	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA (If in Boltimor URY OCCUR? 19 6 to	USES OF DEATH? THE City, give exect location 19 69
WEDICAL C	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A.DATE OF 21A. ACCIDED OR CONTRIBL DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T. A. BURIAL CREE REMOVAL (S)	CONDITION IOSI. II ICANT CONDITION IOSI. ICANT CONDITIONS CO H BUT NOT RELATED TO T OPERATION 1798. CON WAS PER IT WAS UNDERLYING THAT CAUSE OF medicol exominer) (Month) (Doy) (Year) that (1) (this hospital lost saw the decease If from the causes state RE RE WASTION, 1248. DATE	any, giving stoling the stoling the stoling the stoling the stolength of t	/HICH OPERATION PLACE OF INJURY (e.g., i., form, foctory, street, of the control	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA (If in Boltimor URY OCCUR? IP Of to V of in (my) (our) opi Stoff Phys. OCATION (Ci	USES OF DEATH? THE City, give exect location) 19 69 Inlon death occurred on the death occurred occurred on the death occurred occurred on the death occurred occur

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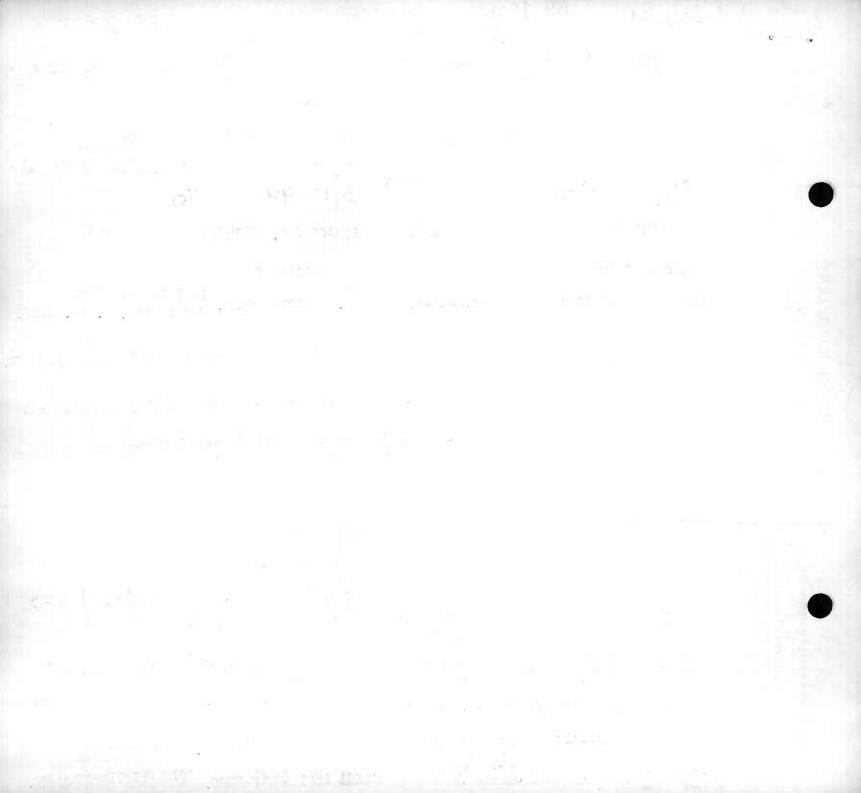
PARLAGENIA, PA.

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1	CO 100CA BALTIMORE	E CITY HEALTH DEPARTMENT
		ICATE OF DEATH REG. NO. 69 10864
(T	NAME OF DECEASED ype or Print) LL L M L A L L C P C C C	2. DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	
FI	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	T USUAL RESIDENCE IVWhere deceased lived. Il institution: residence before admission) A. STATE B. COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS?
Ab	Pinai Hosp of Baltiman	Bultimaie YES NO
	Belocker ave. at Onex gps	Tel succes was Housek
5.	Male White WIDOWED DIVORCE	
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND	
-	Sallsman Retail	Russia USA
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
16	Waham Mossman	Chara Shifia?
TICL C	Wos Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or doles of service) 218-10-2094	17. INFORMANT ADDRESS RA
-		me theta to I 2220 such guilt
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(A)IMMEDIAT	DR AS A CONSEQUENCE OF:
1	ANTECEDENT CAUSES	lerio relevatie Carsio vasculor clusease
	DISEASES OR CONDITIONS, il any, giving	OR AS A CONSEQUENCE OF:
L	rise to the above couse (A) stoting the UNDERLYING CONDITION last. (C)	
	ll	
NOI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
<	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1998, CONDITION FOR WHICH OPERATION	120 A A DAMA M
CERTIFIC	WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ZA CA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY home, form, foctory, sire DEATH (notify medical examines)	(e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect location) set office bidg., INJURY OCCUR?
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	
1	(APPROX.) While At Not	Work
	22. I certify that W (this hospital) attended the deceosed from.	10/15 1969 to 10/31 1969
	that HT (we) lost sow the deceased alive on 10/31	1969 and that In (my) (our) opinion death occurred on the date
	and hour and from the couses stoted above. HT (We) (did) (did m	
	23A. SIGNATURE CONTROL CONTROL CON D.	Attending To Mad To Suff To 238, DATE SIGNED
	23C. PHYSICIAN'S DEGREE	
#_	NAME (Type) SOSE F. CALINILIM SP. A	40 Sevai Hospital
24/	DI COSTA COSTA CONTROL	PEGREE PERCENTATORY 24D. LOCATION (City, town, or county) [State)
1	Lunal Nov 2/69 / Gereth So	Wash Gas Kredale, maryland,
25	NOV 5 1969 Care & Sales A. Q	Soldingon his Goio Received
VS	150-REV- 1/1/68	



5 - 245 69 10865 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF BIRTH NO.	F DEATH REG. NO. 69 10865
1. NAME OF DECEASED (Type or Print) MEYER SISSELMAN 2. DATE OF DEATH Estimated	Month Day Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE PRONOUNCED DEAD	Month Doy Yeor Hour
HOSPITAL ADDRESS OR LOCATION)	October 31,1969 3:40 P.M.
MARYLAND GENERAL HOSPITAL (DOA) S. USUAL RESIDENCE (Who	re deceased lived. If institution: residence before admission) B. COUNTY
8. MARRIED NEVER MARRIED C. CITY OR TOWN WIDOWED DIVORCED Baltimore	D. INSIDE CITY LIMITS? YES NO
P. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Doys, Hours Min. 212 W. Monume:	nt Street , Room 406A
11. BIRTHPLACE (Store optoreign country) 12. CITIZEN OF WHAT COUNTRY? MOVIS	lesselves
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN Not done defining most of working life, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO. 215 - 18 - 3218	AME ine 4103 seellen dae
19. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH OVER dose	of barbiturate
(A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	······································
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) yes
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID I	W.Monument Street /1-02
23. I certify that I held on Inquiry I Inspection Autopsy X ond that on	this bosis, deoth in my opinion
ACTUAL SIGNATURE ALLA MILA ACSISTANT MEDICAL	DATE SIGNED
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL	11/1/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24I	
Survey 11/2/69 Balto-Hebrer 254. DATE REC'D BY HEALTH DEPT / 1258. NAME OF BEGISTRAR 125C. FUNERAL DIRECT	2100 Belani Ref. Balto, M

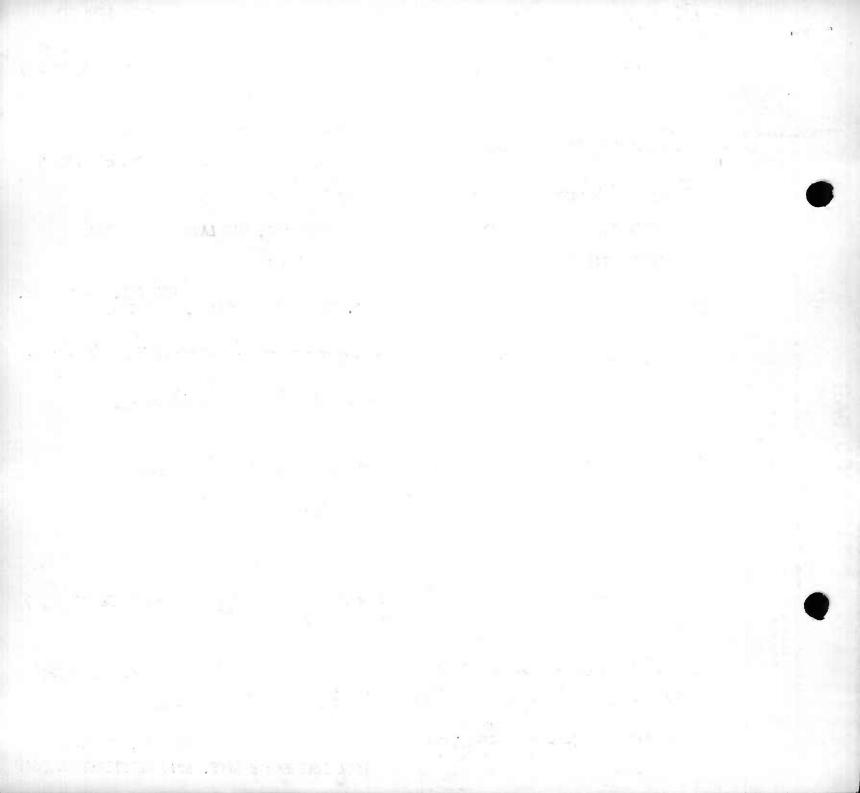
VS 177 by Dr.Kornblum. Makesbxx

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VS 150-REV. 1/1/68



A 152 69 10867 BALTIMORE CITY HEALTH DEPA

P	-60	3				AMINER'S			F DEAT	TH REG. NO.	69	100	nem .
	ME OF DEC	CEASED		•			2. DATE	Known 🔲	Month	Day	Yeor	Hour	50/-
(Type or Print) RUDOLF BRANDT					DEATH	Estimated [
	AME OF	TIMORE, M	ARYLAND, Y	VHERE P		JNCED DEAD N, GIVE STREET	3. DATE	JNCED DEAD	Month Nove	mber 1,1	Year 969	Hour 10	:08 P.
	NOITUTION		HOSPITA		DOA)		5. USUAL R A. STATE	Maryla		lived. If institution B. COUNTY	Howa 1	-	dmission)
6. SEX		7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	ITY LIMITS?		
Ma	Le E OF BIRTI	Whit		WIDOV	WED 🔼	DIVORCED	Sava				Es 🗆	NO 🗆	
	v. 16,	1901	10. AGE (la		Months	er Yr. If Under 24 Hrs.		Offut Ro	oad	Randall	stown.	Md.	53-00
1	THPLACE (S		ign country)	07		LATICOUNTRY?	13. FATHER	s NAME			,		
dane du	UAL OCCU	vorking ille, e	ive kind of work even if retired)	14B. KINI	OF BU	ISINESS OR INDUSTRY	1	nknown	AME				-
16. WA	S DECEAS	ED EVER IN	U.S. ARMED	FORCE	5? 1	7. SOCIAL	18. INFORM	ANT		A	DDRESS	-	
100	arvaknawaj	(it yes, give	wor or dotes	of service)	106-22-5471	Mr. Wa	lter H.	Kulesa	Sykesi	ville.	Md.	
TION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mend he made of dying, e.g., heart loilure, osthenio, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) CAUSE OF DEATH Multiple Traumatic Injuries (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C)												
EEC.	TO THE DEADISEASE OR	CONDITION	NDITIONS CO T RELATED TO N GIVEN IN PA	THE TERM	INAL	***************************************				**********			
	DATE OF	OPERATIO	N 208. COI	DITION	FOR W	HICH OPERATION WA	S PERFORM	ED	1		21. AUTO		es or No)
OF (AP	228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Boltimore City, give exoct location) Whome, form, foctory, street, office bidg., etc.) WHILEAT RT. 1 and 32, 350 ft. South of intersection of injury (APPROX.) 11-1-69 9:30 P. m. WHILEAT Pedestrian struck by hit-and-run driver												
23.	I certify that I held on Inquiry I Inspection Autopsy and that on this basis, death in my opinion												
	resulted fram: Natural causes Accident Suicide Homicide Undetermined manner												
	ACTUAL		medi	1/6	and	M.D.	ACCIO	TANT MEDICAL				DATE S	IGNED
	NAME (T	ype) RO	nald N.	Kori				CIATE MEDICAL	EXAMINER		11	1/2/6	9
REMO	JRIAL CREA VAL (Specil	v)	Nov. 5,	59	1 .	vergreen Mei			Finksbu	vrg, Md.	, or county) (:	Stote)
25A. D.	ATE REC'D	1969 H	DEPT. Jaber &	250. N	AME O	F REGISTRAR	-	UNERAL DIREC	TOR	0	DDRESS erstou	n, M	d.
VS 151.	DEV 3/1/40			1	-								/

11/6/19 3204 O south Rd. Randall town, Ind I home directory CT

25C. FUNERAL DIRECTOR
SEVERAL WILLIAMS TOSTER

25B. NAME OF REGISTRAR

Jaben ALD

25A. DATE REC'D BY HEALTH DEPT.

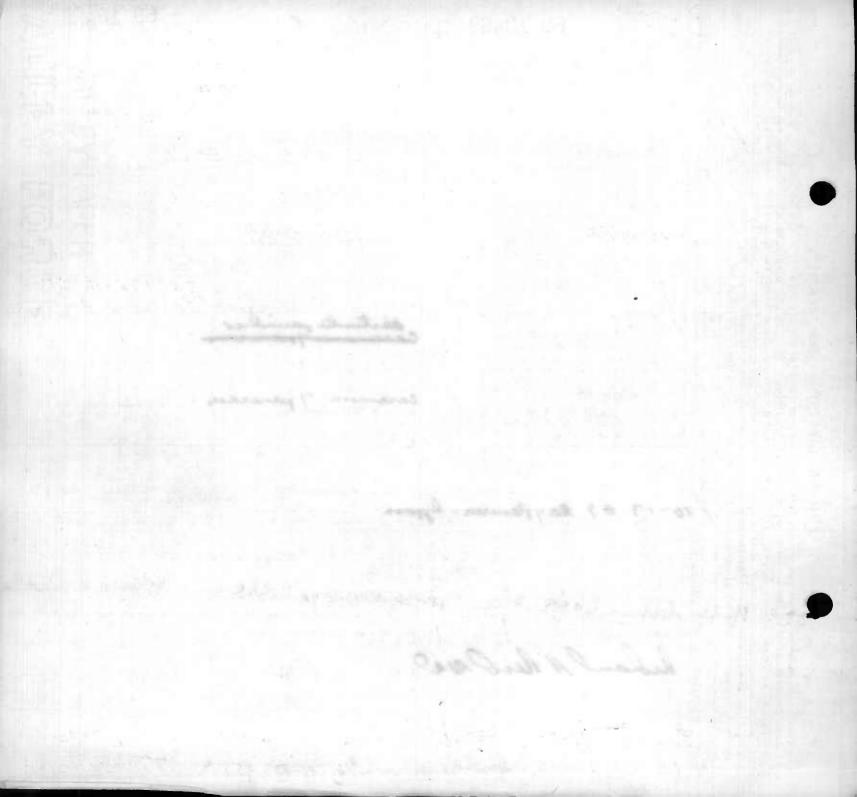
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C. Broading Williams St.

BEI iter MANZIAND 21016

(Stillmed) Cumper (Stellers) WINE FOR THE THE WORLD'S STREET, NO. PARY, Z. WAY

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VS 150-REV. 1/1/68

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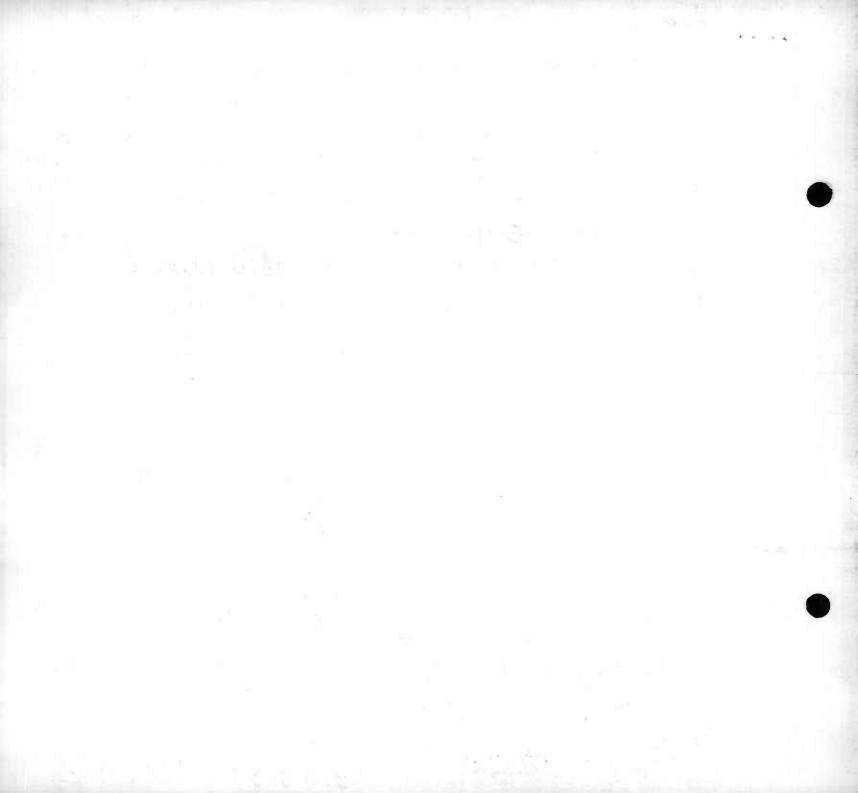
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100	00.40	BALTIMORE CITY	HEALTH DEPARTMENT		60 40			
BIRTH NO.	69 10	873 CERTIFICA	TE OF DEATH	X REG. NO.	69 10873			
1. NAME OF DECEA!	OPE, LOUISE	, MARGARET		EMBER 2, 1	969 10:30 P _M			
	ORE, MARYLAND, WHER		4. USUAL RESIDENCE (When	e deceased lived. Il in-	titution: residence before admission)			
FULL NAME OF HOSPITAL OR INSTITUTION ST	AGNES HOSP KENS & CAT	ITAL	MARYLAND HOC. CITY OR TOWN HANOVER	ward Co.	DE CITY LIMITS? YES NO X			
	LTIMORE MARY		E. STREET AND NUMBER	DOV OFO DT	410			
			FOREST AVE BOX 258 RT #2					
FRMALE	WHITE W	ARRIED NEVER MARRIED DOWED NO DIVORCED	04 08 87	last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
done during most of Work	ing life, even if retired) HOUSEWIFE	KIND OF BUSINESS OR INDUSTRY	MARYLAND	gn country)	US A			
13. FATHER'S NAME			14 MOTHER'S MAIDEN NAM	ME	1 U S A			
UNKNOWN			MARGARET (?)			
15. Was Deceosed Eve (Yes, no or unknown) (If	r in U. S. Armed Forces? yes, give wor or dates of		17WIFERENS & CATON AVES BALTO 1905 21229 ST AGNES HOSPITAL RECORDS					
18.	0	CAUSE OF DEATH		PITAL RECU	APPROXIMATE INTERVAL			
(This does not heart failure, asl injury ar complic AN1	OR CONDITION DIRECT DING TO DEATH meen the made at dyin seria, etc. It means the alian which caused deal ECEDENT CAUSES CONDITIONS, if any, bove cause (A) state ONDITION fast.	g, e.g., disease, h.) (A) IMMEDIATE CAU DUE TO, OR AS A (B) DUE TO, OR AS	SE Prelimonary CONSEQUENCE OF: To Intertwice A CONSEQUENCE OF:	sui farch bleeding				
TO THE DEATH BE DISEASE OR CONT	II NT CONDITIONS CONTRIE OF NOT RELATED TO THE TE INTION GIVEN IN PART 1 (A	RMINAL	***************************************					
19A-DATE OF OP	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED			20B, IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?			
OR CONTRIBUTIN	VAS UNDERLYING COLOR CAUSE OF	21B. PLACE OF INJURY le.g., in home, form, foctory, street, aff etc.)	or about 21C. WHERE DID ice bldg., INJURY OCCUR?	(if In Boltimore	City, give exact location)			
OF INJURY	onth) (Day) (Year) (Ha	While At Not While Work At Work	21F. HOW DID INJU	JRY OCCUR?				
22. I certify tha	22. I certify that (M(this hospital) attended the deceased from OCTOBER 17 19 69 to NOVEMBER 2 19 69							
	that XI) (we) last saw the deceased alive an NOVEMBER 2 19 69 and that in XII) (our) apinian death accurred an the date							
	and haur and from the causes stated above. (X) (We) (did) (XXXX view the bady after death.							
23A. SIGNATURE	Nov 3 1969							
23C. PHYSICIAM'S NAME (Type) SABAI	NOYAGAM , P	MD.	BD. ADDRESS ST. AGNES H	OSP. BALTO				
24A. BURIAL CREMAT REMOVAL (Speci		24C. NAME OF CREATERY OF CREATERY			town, or county) (State)			
Burial 25A. DATE REC'D BY	11/6/69 HEALTH DEPT 1258	Meadowridge Memo	rial Pk. Elk	ridge, Mary	land ADDRESS			
10 5 10RQ	JOGEN E. John	NAME OF REGISTRAR	Singleton Fw	teral Home?	Glem Burnie, Md.			

, difficulty for the control of the co

The second of th

	D T D O T.	7-652 69 10874 CERTIFICATE OF DEATH REG. NO. 69 10874	
	deat deat ease on th	THELMA MARIE FRANKLIN 3 1969 1006	1
-6	S	4. USUAL RESIDENCE (Where deceased lived, if institutions residence before ad	dmissian
	I in a ho ng cause cause; (5 attendan ior to de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MD. ANNE ARUNDEL 52 CCITY OR TOWN L. A. I.V. F. K. S. I.T. P. F. M. ARUNDEL SEVERN D. INSIDE CITY LIMITS? SEVERN VESTER NO. 1.	101
	9 + D - g 6	UNIVERSITY OF MARYLAND SEVERD YESTER NO X E. STREET AND NUMBER 3.38 CHUATERFIELD RD 211	44
	occurre ontribut regular ased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Windows Doys Hours) Months Doys Hours	' '
	or condete	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT CO	OUNTRY
<u>.</u>	rect or (4) Und was in the de	13. FATHER'S NAME	
TAN	the dir the dir kind; (death mee on final di	5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) (If yas, give war ar doles of service) 16. SOCIAL SECURITY NO.	
IMPORTANT	P C P P P	18. DISEASE OR CONDITION DIRECTLY DISEASE OR CONDITION DIRECTLY DISEASE OR CONDITION DIRECTLY DISEASE OR CONDITION DIRECTLY HERATOSPIENO MEGALY TO BETWEEN ONSET AN	TERVAL ID DEATH
IMP.	er. Also, cture of a pronounc lar attentibalmed	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, interpretation of the disease, the disease and the disease, the disease are the disease, the disease are the disease, the disease are the disease are the disease.	
CTOR		ANTECEDENT CAUSES	
DIREC	(3) A an wh in re	DISEASES OR CONDITIONS, if any, giving is a lo the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF:	******
	burns; bysicia n was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PREDICTION OF RELATED TO THE TERMINAL PROPERTY OF THE PREDICTION OF RELATED TO THE TERMINAL PROPERTY OF THE PROPERTY O	100000
FUNERAL	by a me 2) Body br re the phy physician ore the re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSYZ (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED 121A. ACCIDENT WAS LINDERLYING. 21A. ACCIDENT WAS LINDERLYING.	
正 ;	be the	OR CONTRIBUTING CAUSE OF Carry, street, affice bidg., INJURY OCCUR?	
4 heve	the hospi ny nature except w and (6) P	21D-TIME (Manth) (Doy) (Yeor) (Hauth) 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Work At Work	
	000.0	22. I certify that (1) (this hospital) attended the deceased from NOV 1969 to NOV 3 19 that (1) (we) lost saw the deceased alive on NOV 3 1969 and that In(my) (our) apinian death occurred on the	69 he dola
set be	dent of dent of dent of death)	and haur and from the couses stated above. (1) (We) (did) (did-net) view the body ofter death. 23A: SIGNATURE 23B. DATE SIGNED	
E .	25.52	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS DEPT. OF MEDICINE	2
416100		MARVIN J. CTORDON, M. D. DEGREE CIVIL OF M.D. HOS P	itote)
	the body shows: (1) was D.O./ deceased written a	SOLVIOL 1/7/1969 Clan Haven Memorial Pack Clan Barrie 18	nd.
1-	₹ ₹ ₹ ₹ ₹	NOV 5 1969 Publis E. Faiber, K. Q. Songle from Junear I Some Telen Bue	NIE

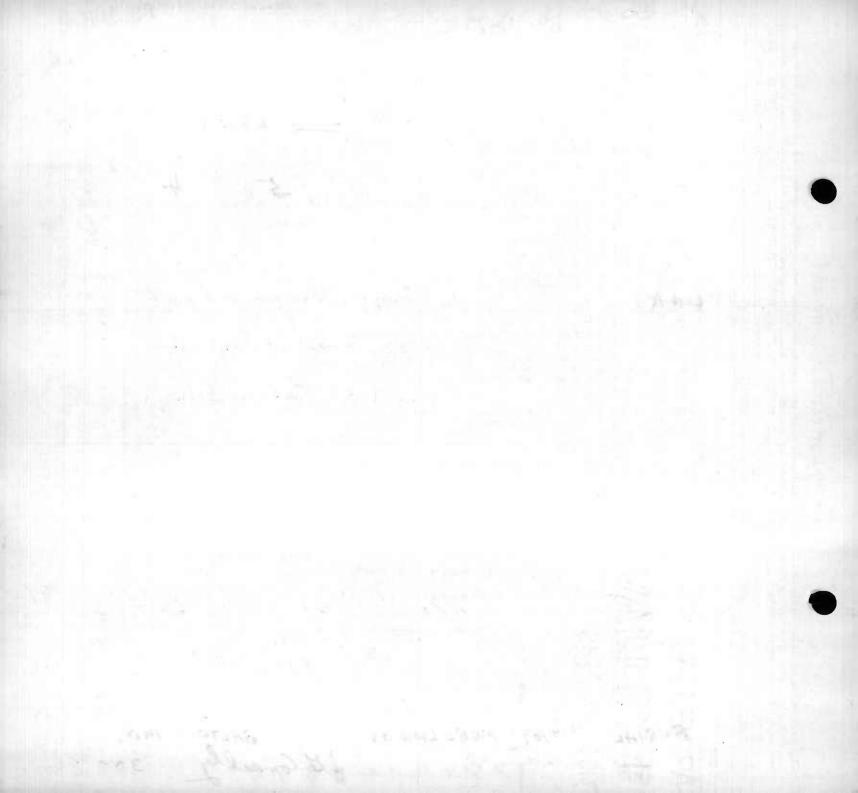


BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

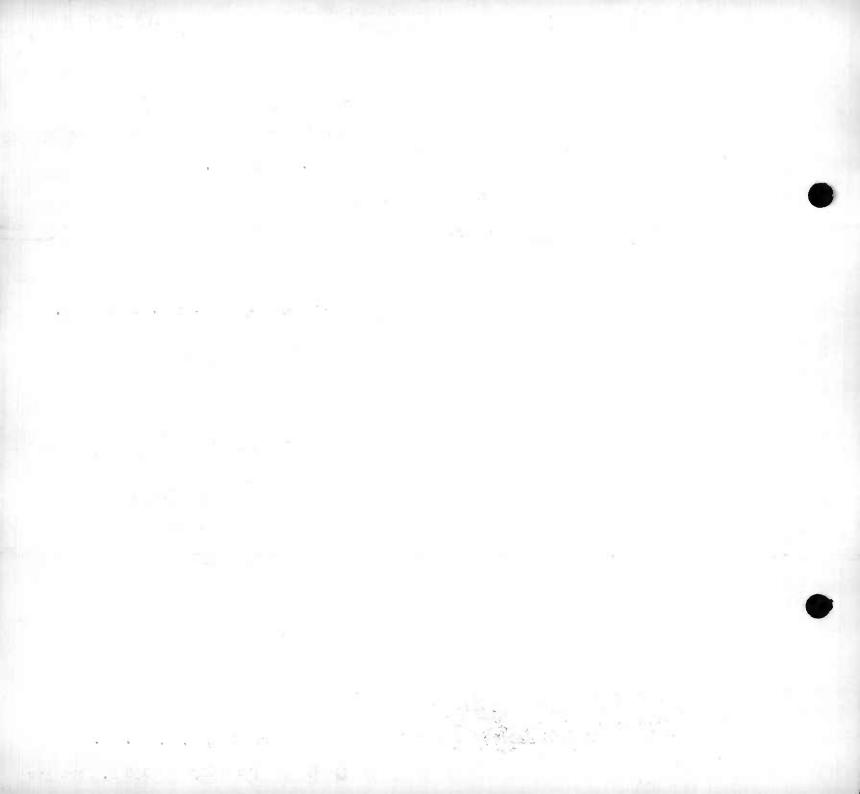
D. INSIDE CITY LIMITS? YES NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (our apinian death occurred on the date 23B. DATE SIGNED (City, town, or county) ADDRESS 00



IMPORTANT

FUNERAL DIRECTOR:

	VIED SS	BALTIMORE CITY	HEALTH DEPARTMENT	00 40-40			
1	7 - 900 69 1	0876CERTIFICA	TE OF DEATH REG.	No. 69 10876			
1.	NAME OF DECEASED		2. DATE AND HOUR OF	DEATH			
(T	ype or Printly KEIIAM	FLLEN NOR		ILAS AM			
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PE		4. USUAL RESIDENCE (Where deceased li	ved. Il institution: residence before admission)			
	HIL MAAAS OF AS ASSAULT IN HOOMEN OF IN		A. STATE B. COUNTY				
118	FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET HOSMTAL OR ADDRESS OR LOCATION!		C. CITY OR TOWN				
11"			0 . 14	D. INSIDE CITY LIMITS? YES A NO			
1/	FRANKLIN SQ	11 HACOITA	E. STREET AND NUMBER	YES 2 NO .			
16	1 1111112	W. GO DITIM	1225 S. Hanover St.				
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In ye	Months Doys Hours Min.			
ı	Female W. WIDO	WED DIVORCED	8 -7 -85 lost birthdoyl	Months Doys Hours Min.			
10.	A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign country)	12. CITIZEN OF WHAT COUNTRY			
qo	ne during most of working lile, even if retired)	At Home	Marratand	W.C.A			
13	FATHER'S NAME	110 HOME	14. MOTHER'S MAIDEN NAME				
ı.	tohns landy		1				
15.	Was Deceased Ever in U. S. Armed Forcest	16. SOCIAL	17. INFORMANT	D			
(Ye	Wes Deceased Ever in U. S. Armed Forcest es,no or unknown) (If yes, give wer or doles of serv	100		ADDRESS			
1	No No		89-J1 Wesley Lusby 1	225 S. Hanover St.			
	18. 2 6 9, 91	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		O. A. Al. hant	1. 6			
	(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:	jann			
-	heart failure, asthenio, etc. It means the disc injury or complication which caused death.)	ase,	A CONSEQUENCE OF:				
	ANTECEDENT CAUSES	. 01.	and and tot				
	DISEASES OR CONDITIONS, if any, gi	(B) QUE TO OR AS	A-CONSEQUENCE OF	A A A A A A A A A A A A A A A A A A A			
	rise to the abave cause (A) stating	lhe	A SOUTH OF THE STATE OF THE STA				
	UNDERLYING CONDITION lost.	(c)					
z	OTHER SIGNIFICANT CONFIDENCE CONTRIBUTE	No					
[[원	TO THE DEATH BUT NOT RELATED TO THE TERMIN	NAL					
CERTIFICATIO	19A-DATE OF OPERATION 19B CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES.	WERE FINDINGS CONSIDERED			
E	WAS PERFORMED		NO IN CERTIFY	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?			
្ត្រី	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID (II in	Boltimore City, give exoct location)			
퐝	DEATH (notify medical exomined	hame, form, factory, street, all etc.)	nee bldg., INJURY OCCUR?				
	21D-TIME (Month) (Doy) (Year (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
١₹	OF INJURY (APPROX)	While At Not While	• 🗆				
	22	11011					
	22. I certify that (1) (this hospital) attend	\	/				
1	that (I) (we) last saw the deceased alive	,	19and that In(my) (a	ur) apinion death accurred an the date			
	and hour and from the causes stated above	e. (1) (We) (did) (did nat) v	lew the bady after death.				
	O CON S S	Atte	nding Med. Staff	238, DATE SIGNED			
	F158(+1) 19/1/15	OEGREE	Thys.	11-3-1269			
ш	23C. PHYSICIAN'S NAME (Typel	2	23D. ADDRESS				
		OEGREE					
24	A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION	(City, town, or county) (Stole)			
	Burial 11 6 69	Cedar Hill	Brenklyn,	A. A. Co. Md.			
25.	NOV 5 1969 Judes 4 Val	OF ACOUTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
	NOV 2 1963 1986 4 199	0 0	O 8 8 6 Mc Cull	y 130 E. Fort Ave			
"VS	150-REV, 1/1/68						



VS 151-REV, 1/1/68

Wash DC

Simmons Bros 1661-Good Hope Rd SE

Letter dated 12/5/69 from Dr.Ronald N.Kornblum

6	7 20 3	BALTIMORE CITY	HEALTH DEPARTMENT		00 10			
RRT	69 10	878 CERTIFICA	TE OF DEATH	REG. NO	69 10878			
1.NA	ME OF DECEASED	310	2. DATE ANI	HOUR OF DEATH				
(Туре	ar Print) Inhau Will MCA	BATES	Nalla	M PPR 2	1969 11:45 A. M.			
3. PI	ACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where	deceased lived. If i	nstitution: residence before admission!			
			A. STATE B. COOK		900			
HOS	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		C. CITY OR TOWN	ID INS	SIDE CITY LIMITS?			
N 51	The GOULD CON	VALESARIUM	BALTIMORE	D. 1143	YES NO			
7		DA HAD	E. STREET AND NUMBER		123 140 1			
7) - 6116 BELAIR- BALTIMORE		15%5 HOLBA	200K F1.				
. S E		RIED NEVER MARRIED		ost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths! Days Hours Min.			
N	TALE WhiTE WIDO	WED DIVORCED	2 JAN 1897	72				
	USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	gn country)	12. CITIZEN OF WHAT COUNTRY			
	during most of warking life, even if retired)	.00 - A	1130		U.J.A.			
	ATHER'S NAME	LROPD	14. MOTHER'S MAIDEN NAM		0.000			
) · F					. 11 /			
	JOHN H. BATES		15ABELLE	MICHART	174			
	os Deceosed Ever in U. S. Armed Farces? no orunknawn) (If yes, give war ar dates af serv	1 6. SOCIAL SECURITY NO.	ISABELLE 17. INFORMANT MRJ. JOHN KEL		ADDRESS JANAN			
	UO	TIM OF WILL	Mes Jour Ke	LER CHOLL	KERNOUGH ALL			
_	B. 0 4 A	CAUSE OF DEAT	y proposition page		APPROXIMATE INTERVAL			
	2011	CAUSE OF BEAT			BETWEEN ONSET AND DEATH			
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		00	M-1	2 1			
	(This does not mean the mode of dying,	(A) IMMEDIATE CAL	ISE Mulmonam	Jewenn	I lours!			
1	heort foilure, osthenio, etc. It meons the disc		A CONSEQUENCE OF:					
	injury or complication which coused death.)		V					
	ANTECEDENT CAUSES	(a) Carlini	Lacula Rusia	relate A	isap /nen.			
	DISEASES OR CONDITIONS, if ony, g	ving DUE TO, OR AS	A CONSEQUENCE OF:	selection of the	1/3			
	rise to the obove couse (A) stoting	/ / /	a hoxon		1 '/			
	UNDERLYING CONDITION Iosi.	(c)	ange					
_	II .							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI							
1	DISEASE OR CONDITION GIVEN IN PART 1 (A).							
ERTIFIC	9A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?			
X								
3	21 A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i home, farm, foctory, street, o	n ar obout 21 C. WHERE DID	(If in Baltimo	pre City, give exact location)			
	DEATH (natify medical examiner)	etc.)	- South					
5	21D.TIME (Month) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?				
5	OF INJURY	While At Not Whil						
-	(APPROX.)	Work At Wark						
-	22. I certify that (1) (this to spital) attended the deceased from November 1, 1969 to November 8, 1969.							
	hat (1) (we) last saw the deceased alive	4. 6. 1	10		finian death accurred an the date			
		and the second s		11 III(III), (aa-, up	man deam decorred an me dar			
	and haur and fram the causes stated abo	re. (I) (WB) (did) (did not) v	riew the bady after death.					
4	3A. SIGNATURE		/		238, DATE SIGNED			
	Michael J. Hay	M-8- Ather	ending Med. Director	Staff Phys.	11/2/69			
1	23 C. PHYSICIAN'S	DEGREE!	23D. ADDRESS					
	NAME (Typel	/ // /	11171 01					
	Michael d. DAU	SCA DEGREE	4636 Deh.	AIR-ROA	D. BALTO, MD. +120			
4A.	BURIAL CREMATION, 248. DATE 2. REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION	City, town, or count() (State)			
-	BURIAL 11-5-69	PRUIDRIDGE (EMETERY BA	450. Co. L	BATO, MD			
5A.	DATE BEC'D BY HEALTH DE A 25 NA	A OF MEGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS # 1 40 A /			
-	TUN 2 SEED STORES ELIGIBLE	See And	Marsad Fin	eon. 11-1-	But Akernoo			
	104 0 1900	1000	CLERICH, FOR	JAK MOUSE	יויין,יטטאעיין			
/5 1	50-REV. 1/1/68							

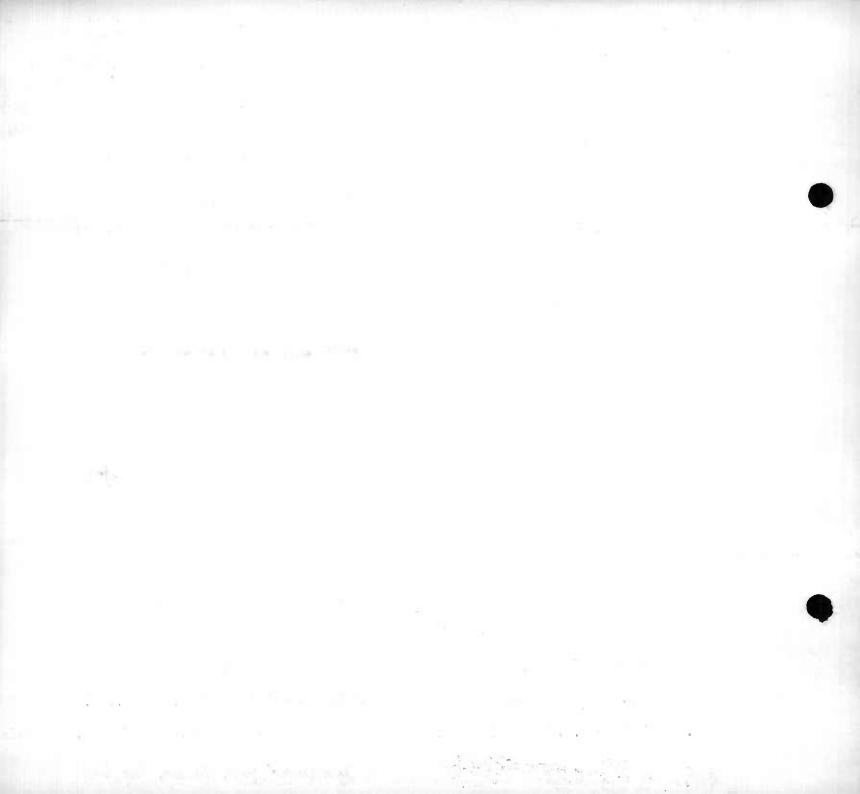
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IMPORTANT

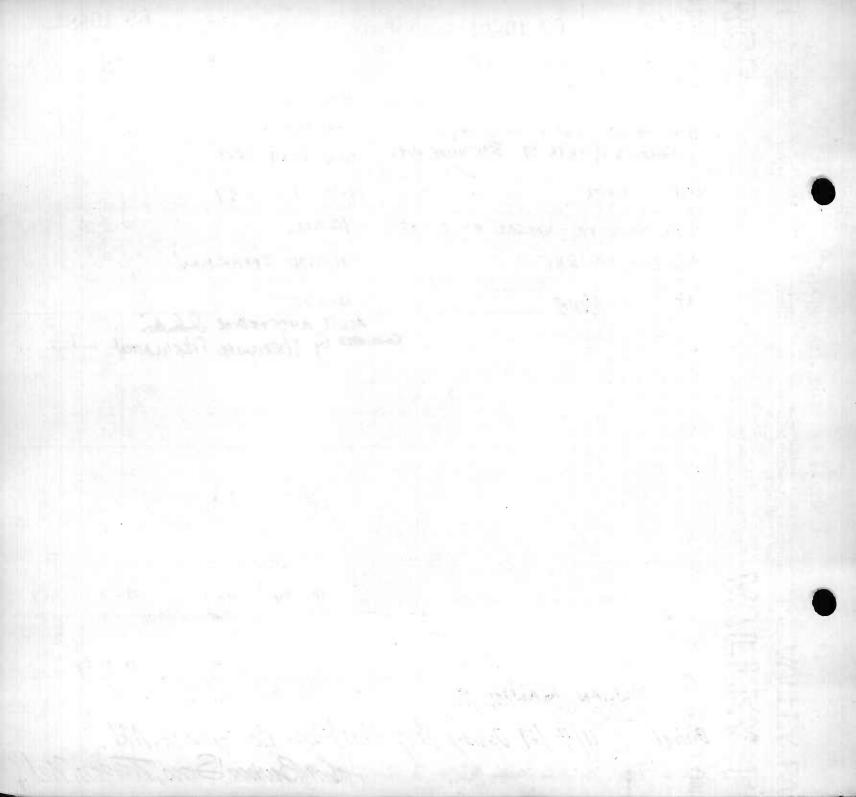
DIRECTOR:

FUNERAL





1/ 100	BALTIMORE CITY	HEALTH DEPARTMENT		00 404
BIRTH NO. 69 10	0881 CERTIFICA	TE OF DEATH	X REG. NO	69 10881
1. NAME OF DECEASED (Type or Print)		2, DATE AND	HOUR OF DEATH	
EUGENE L. K	IBBE	[1-	1-69 ; (1:54 41
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If in	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION NSTITUTION	INSTITUTION, GIVE STREET	MARYLAND B C. CITY OR TOWN	3/10,00	IDE CITY LIMITS?
NORTH CHARLES GENERAL +	DSPITA!	BALTIMORE		YES NO
(/- / 0 / 0 / 1	, , , , , , , , , , , , , , , , , , , ,	E. STREET AND NUMBER		77
19 CHARLES & 28th ST.	Pricingee, ma.	304 DIKIE D	PINE	
. SEX 6. RACE 7. M.	ARRIED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. , If Under 24 Hr
44 112 9	OWED DIVORCED	12-12-11	st birthdoy)	Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work 108, N			o country)	12, CITIZEN OF WHAT COUNT
one during most of working life, even if retired)			r country/	
SALES MANAGER - MORGI	IN MILLS INC.	ICLINOIS		U.S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
AUGUSTUS KIBBE		MAUDE SPE	AK MAI	
S. Wos Deceosed Ever in U. S. Armed Forces?	14 506:41		// / / / / / / / / / / / / / / / / / /	ADDRESS
s. Was Deceased Ever in U. S. Armed Forces? es, no prunknown) (II yes, give war or dates of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO Mone		PATTERT		
18,0 / 4 - 60	CAUSE OF DEAT	ACUTE HYOCHER	111	APPROXIMATE INTERVAL
rise to the obove couse (A) statis UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIB	(c)			
TO THE DEATH BUT NOT RELATED TO THE TER	MINAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A)	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
		100		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimor	re Clty, give exoct location)
21D.TIME (Month) (Doy) (Year) (Hou	2) 21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not Whil			
(AFFROX)	Work At Work			
22. I certify that ((this hospital) atte	nded the deceased from	10-24-19	69 to	11-1- 1969
that (we) last saw the deceased ali-	ve on // (-	19 69 ond that	in (mes) (our) opi	nian deoth occurred on the de
		/	(64)	
ond hour and from the causes stated at	ove. (i) (we) dates (ala not) v	lew the body offer deofh.		DOOR DATE SIGNED
23A. SIGNALORS	10m / AH	nding ☐ Med. ☐ S		23B. DATE SIGNED
Xuar D	DEGREE Phys		taff hys.	11-1-69
NAMELLYPE JUSAN GAN		Harth Clare	les Ger	Nist.
4A. BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (C	ity, town, or county) (State)
REMOVAL (Specify)	01 - 1/1/2.1	Maria 121. 12	V 11	111
Durial 1114 /69	VYIANEY VALLEY IN	elliodis. Loc	KeySUI /1	CIVIC
SA DATE REC'B-BY MEALTH DEPT. 258. P	AME OF DEGISTRAR	2 C. FUNERAL DIRECTOR	1.0	ADDRESS
MOV 5 1000 P.R. A.C. Ja.	Ren MAO O O	O John A Service	in John	Muson had
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		THE TENT YOU	* JUNIN	1600-11111100

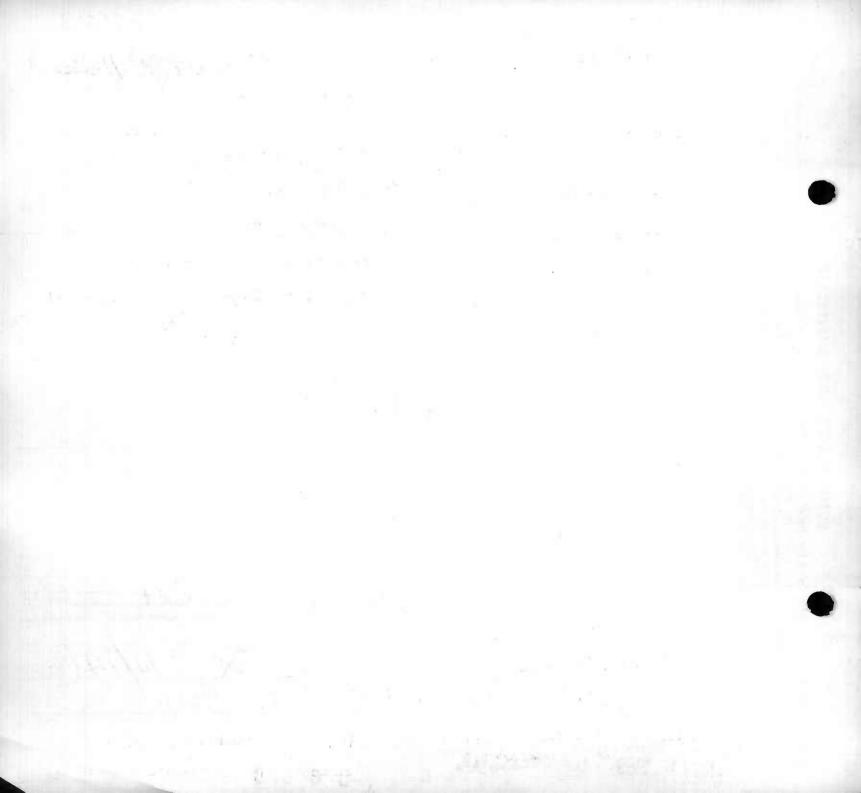


69 10002

7-452 03 10800 BALTIMORE CITY HE.	ALTH DEPARTMENT	
MEDICAL EXAMINER'S	CENTIFICATE OF DEATH	69 10882
RTH NO.	LERTIFICATE OF DEATH REG. NO.	10005
NAME OF DECEASED	2. DATE Known Month Doy	Yeor Hour
Phillip Zellinger	OF DEATH Estimated	м.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manih Day	Year Haur
JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	69 6:40 P. M.
OSPITAL ADDRESS OR LOCATION) R INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: re-	
3 /	A. STATE B. COUNTY	2605
City Hospital	Maryland C. CITY OR TOWN D. INSIDE CITY I	IMITS?
SEX 7. RACE 8. MARRIED NEVER MARRIED		
Male White WIDOWED DIVORCED	Baltimore 21234 YES	NO L
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys, Hours, Min.	E. STREET AND NUMBER	
JAN.11, 1888 81	716 Rappola St.	
. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
MARTLAND WHAT COUNTRY?	ZELLINGEI	2
A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR)	TS. MOTHER'S MAIDEN NAME	
one during most of working life, even if retired)		
355 EMBLY LINE HUTO MFG-R. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDR	RESS SIAME
es, no or unknawn) (If yes, give war or dates of service) SECURITY NO	00101040 7- 1	
NO (?) 2/2-01-1165	ANNAM. ZELLINGER WIFE	APPROXIMATE INTERVAL
19. CAUSE OF DEA	NH .	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosc	lerotic cardiovascular disease	
LEADING TO DEATH		
(This does not mean the mode of dying, e.g., DUETO, OR heart foilure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury ar camplication which caused death.)		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNAL CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS DEDECORATED	1. AUTOPSY? (Yes ar Na)
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED	1. A010(31; ()
0		no
	, in ar abaut 22C. WHERE DID (If in Boltimare City, give exact I ce bldg., etc.) INJURY OCCUR?	acatian)
UNDERLYING CONTRIB-		
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ACTUAL STATE of	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.	υ,	11-3-69
EXAMINER'S NAME (Type) Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER	22 0 07
V.7.	or CREMATORY 24D. LOCATION (City, town, c	or county) (Stote)
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10 / 9 1303 "Macha C"	10.1000	
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	-700	(T	rpe or Print) RICHARD W. SMIT	H		D HOUR OF DEATH	111:251.
	of of Dec ath.	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	ND	4. USUAL RESIDENCE (When A. STATE B. COUN	e decoased lived. If institution	
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		iñ			C. CITY OR TOWN	D, INSIDE CITY	LIMITS?
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CTOR:	mine fract o pr emb		ANTECEDENT CAUSES	. ()	01		
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	adical dical rrns; rsicic was mair	7	11				***************************************
UNERAL		ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
<u></u>	chief y a m Body the p ysicia	CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	ATION	20A. AUTOPSYTYES or Noil	208 IF YES WERE SINDING	CONCIDENT
S		ERTI	WAS PERFORMED FORTA!	Hyper		208, IF YES, WERE FINDING IN CERTIFYING CAUSES OF	DEATH?
T.		C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF III	NJURY (e.g., in o	obout 21C. WHERE DID	(If In Bollimore City, gl	ve exact location)
		Ü	DEATH Inchity medical examined				
•	the hospiany natural (except w and (6) I	MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OC		21F. HOW DID INJU	RY OCCUR?	
	oven he h		(APPROX.I While At Work	Not While		6	
	the any (ex obt		22. I certify that (i) (this hospital) attended the deceased	fram f	19	94 to (1)	1909
	교수부급으로		that (I) (we) last saw the deceased alive on	170	19and that	in (my) (our) opinian dea	ith accurred on the date
•	dent dent dent deat deat	1	and haur and from the causes stated above. (1) (We) (did)	(did nat) viev	v the bady after death.		/
	3 0		(H) of man	Attendi	ng 🗀 Med, 🗀 S		TE SIGNED
	8 a a a a a a a a a a a a a a a a a a a		23C.PHYSICIAN'S NAME (Type)	DEGREE Phys.	Med. S Director P	haff O	14169
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	Sody 7s: (1) D.O.1 ased	24A	BURIAL CREMATION, 248, DATE 24C. NAME of CEME	TERY of CREMA	TORY 24D. LO	CATION (City, town,	or county) (Stoto)
	Ws:		Burial 10-17-69 Baltimore	Nationa	1 Cemetery F	Baltimore, Mary	land
	This cert the body shows: (was D.O decease written	25A	DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR		25C. FUNERAL DIRECTOR	, 141d1	ADDRESS
	- 4 N > 0 >	Ϋ́	0V 5 1969 (Liber & Verden 1969)	000	Armagost, Fun	eral Chapel-46	00 Liberty H
		4.9	W-UF 11 11 10 11 12 12 12 12 12 12 12 12 12 12 12 12	No	A		



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FULL NAME OHOSPITAL OR INSTITUTION	f (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	A. STATE Maryla: C. CITY OR TOWN Baltime E. STREET AND	B. COUNT nd N Ore NUMBER	D. 1	NSIDE CITY LI	MITS?
<i></i>			rfs			treet,	21224	
Male Male	White	WIDOWED		11/26/0	4	ost birthday)		Days Hours
done during most	cupation (Give kind of wo of working life, even if retired) itter		building	Penns;				U.S.A.
13. FATHER'S N	AME			14. MOTHER'S M	AIDEN NAM	E		74.41.5
15 W 5		upak	19.4.000		abeth			
15. Was Deceas (Yes, no or unknow	ed Ever in U. S. Armed Form) (If yes, give wor or dot	tes of service)	16. SOCIAL SECURITY NO. 13-10-4066	Mrs. Hel	en Stu	pak, 317	Horne	address 1 Stree
heort foilur injury or co	not mean the mode of a sostherio, etc. It means the mode of the mo	s the diseose, d death.) S any, giving	(8)	S A CONSEQUENCE	OF:			3 m
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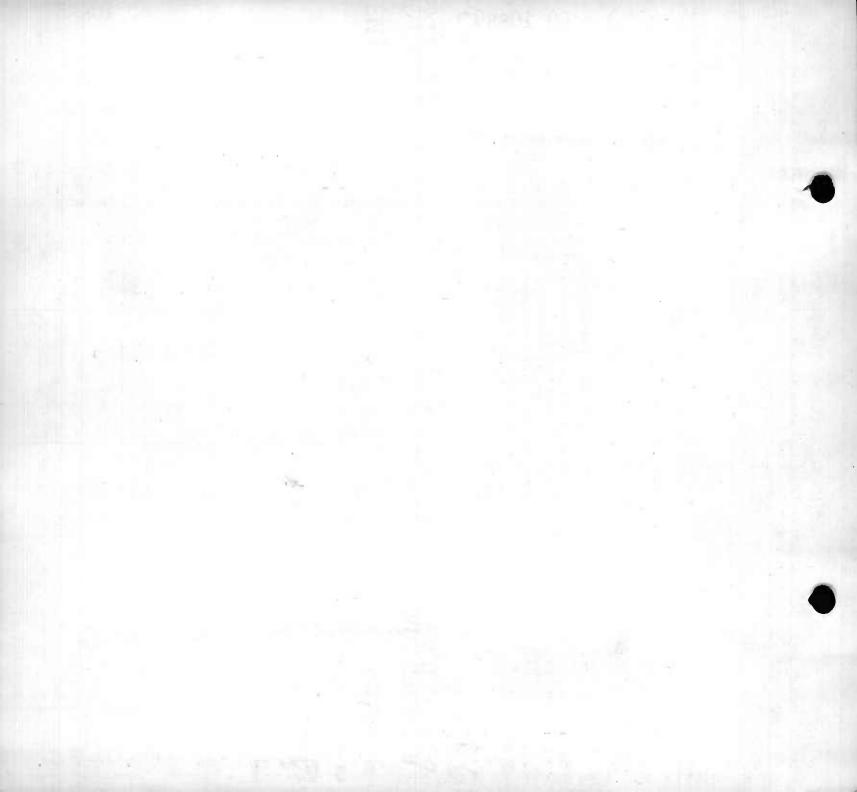
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21 11		11 .1		
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s Deceased Ever in U. S. Armed Forces? or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	alone Ma	Culloh
0	7	Mrs. Louise Mc	onroe 2100 Mc	Culton
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11				
THER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	NG Subarach	noid Hemorrha	ige	
SEASE OR CONDITION GIVEN IN PART 1 (A).				
A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 208. IF YES, WERE FINDS	NGS CONSIDERED OF DEATH?
A. ACCIDENT WAS UNDERLYING TO R CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City	, give exact location)
EATH (notify medical examiner)	etc.)			
D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
FINJURY	While At Not While	e 🗖		
PPROX.)	Work At Work			
2. I certify that (I) (Thix hoxpited) attend	ed the deceased from 19	May	1969 to 30 Oc	ctober 1969.
at (1) XXV) last sow the deceased office			at in(my) (600) apinion	death accurred an the date
nd hour and fram the causes stated abay	e, (I) (me) (did) belie bloch	new the body after death.	1028	DATE SIGNED
A. SIONATURE	e la	adia on Mad C		DATE SIGNED
richard . J	GEGREE Phy	ending Med. Director	Phys.	31 October 69
C. PHYSICIAN'S	-	23D. ADDRESS		A MANAGE COLOR
Richard F. Ty	son M.D.	2320 Eutaw P1	ace, Baltimo	ore Md., 21217
	C. NAME of CEMETERY OF CR	FMATORY 24D. L	OCATION (City, to	wn, or county) (Stote)
REMOVAL (Specily)				
rial 11/3/69	Mt Auburn Cemet		ltimore	Md
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OV 5 1080 Palent & Jan	Ben M.D. C.	Nutter Funer	Home 3035 V	N. North Ave
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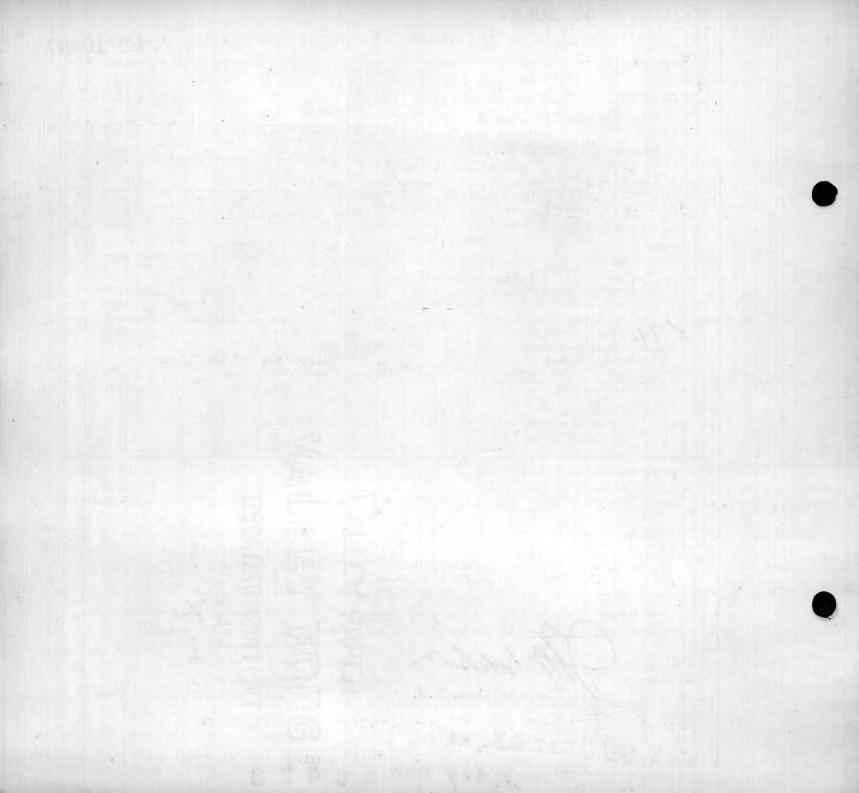
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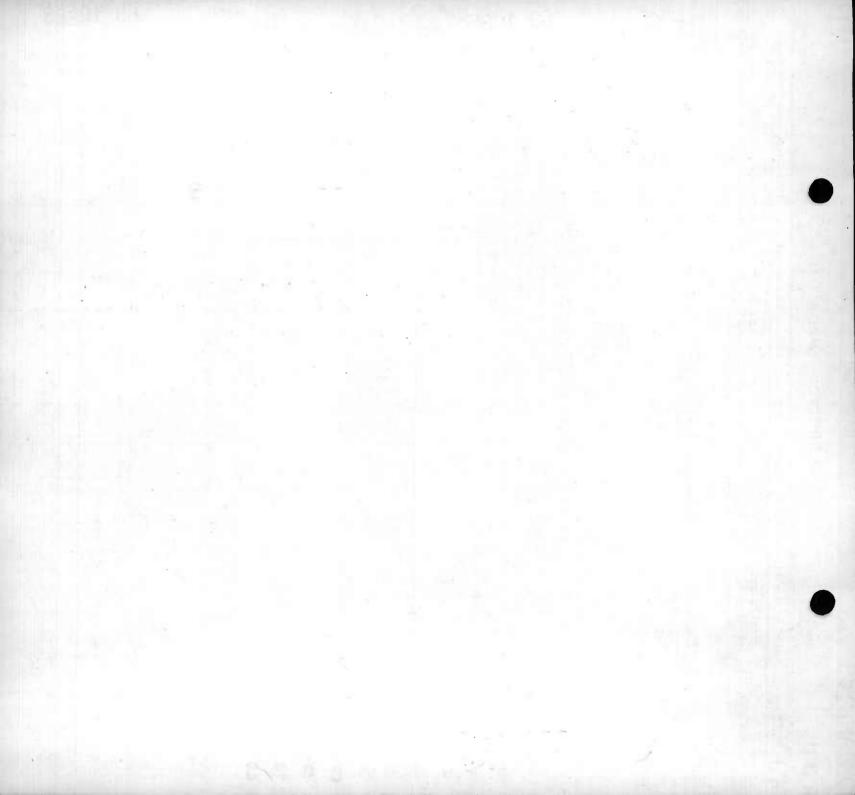
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	19 W. Lafaye			E. STREET AND NUM		
5. SEX	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 1-5-83	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Haurs Min.
	af working life, even if retire		F BUSINESS OR INDUSTRY	11. BirthPlace (State Maryla		12. CITIZEN OF WHAT COUNTRY
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	ed Ever in U. S. Armed wn) (If yes, give war ar		16. SOCIAL SECURITY NO. 220-38-8619A	17. INFORMANT Mrs. Elsie	Key Rt #2 Bo	x 72 Arrokeek, Md
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that (I) (w	fy that (I) (this hasp re) last saw the dece	ased alive an	0 1 96	/	and that in (my) (aur) a	1969 plnian death accurred an the dat
23A. SIGNA 23C PHYSIC NAME	TURE MOS	Jonald	Atte Phys	nding Med. Director	Staff Phys.	238. DATE SIGNED /
24A. BURIAL C REMOVAL BUri	REMATION, 248. DATE (Specify)	24C. N	AME of CEMETERY of CRE	A		(City, town, or county) (State)
BUT1 25A. DATE REC		-	GISTRAR	25C. FUNERAL DIR	ECTOR	ADDRESS 035 W. North Ave.



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	L NAME OF					ON, GIVE STREET		DUNCED DE	EAD	Manin				
HO	SPITAL	ADDR	ESS OR LOCA	TION)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SIV, SIVE SIKEET		RESIDENCE	(Where	Oct.				1:35 p N
		itheran	Hospit				A. STATE	Maryla	and		B. COUNT	/	150	04
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	Texas					VHAT COUNTRY?		gustus						
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.011	Housek		on intellied)	Pri	vate	Family	I	Rosie N	Matth	nis				
	WAS DECEAS	SED EVER IN				17. SOCIAL	1B. INFO	RMANT				ADDRES		
Y e	No No	n)(If yes, give	war or dates	af service	e)	215-22-9943	Mr. I	Robert	Ande	erson	1835	Walbr		
	19. 57	1.91				CAUSE OF DEA	TH							PROXIMATE INTERVAL
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z	UNDERLYI	NG CONDIT	ION LAST.			(C)								
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_	NAME			Mih		kis, M.D.	00=111	- O BV	Ta	10017	NI (a)			./69
	A. BURIAL CRE MOVAL (Spec		24B. DATE		24	C. NAME of CEMETERY	or CREMA	ORY		LOCATIO		tawn, ar c	ounty)	
	Buria	1	11/4/			Mt Auburn Ce	metery	7	Ва	altimo	re			Md
25	A. DATE REC'E	BY HEALTH	200 12 B	E 258 d	YEAR	OFFISTRAR	250	FUNERAL	DIRECT	OR		ADDRE		
	MON 3	1202	Stocker	T	c			Nutter	Fur	neral	Home	3035	We	North Ave
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IMPORTANT

DIRECTOR:

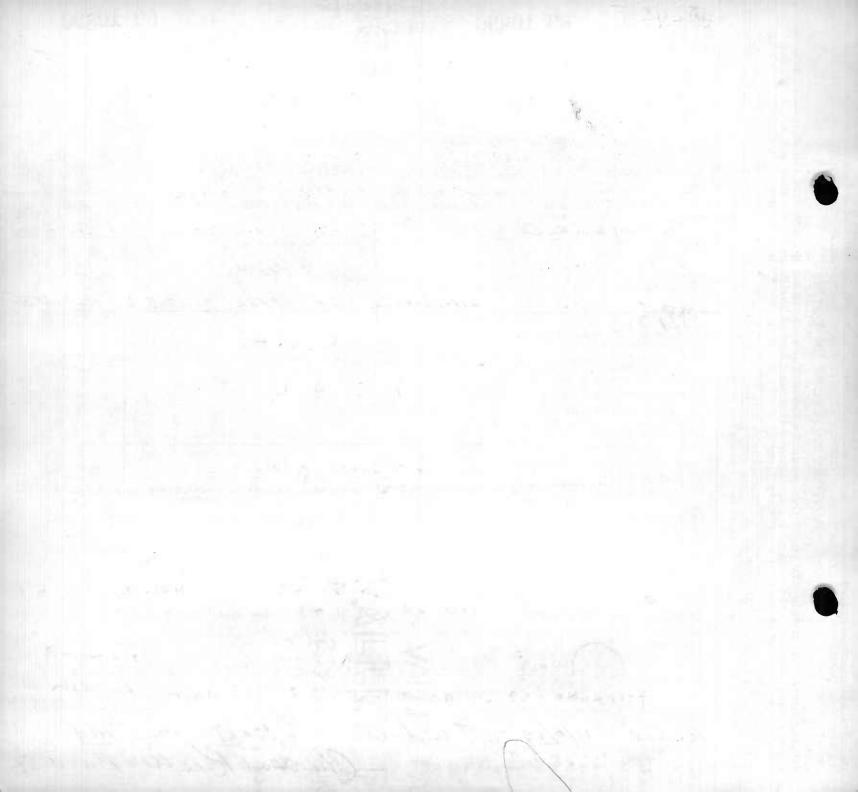
FUNERAL

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HTON ST	REE	T 1607
		er 1 Yr. If Under 24 Hrs. Poys Hours Min.
80	Months	Doys Hours Min.
try)	12. CIT	IZEN OF WHAT COUNTRY?
co		U.S.A.
ec	<u></u>	C. 2.7.
E BRA	PCK	EN
DAVIS	0-	ADDRESS HEHTON STREET VALBROOK AVE
-1 3-3-00	75/6	WENTON STREET
1 20110	s K	ALBROOK AVE
		BETWEEN ONSET AND DEATH
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prostat	/_	
Drosial	<u> </u>	G Years

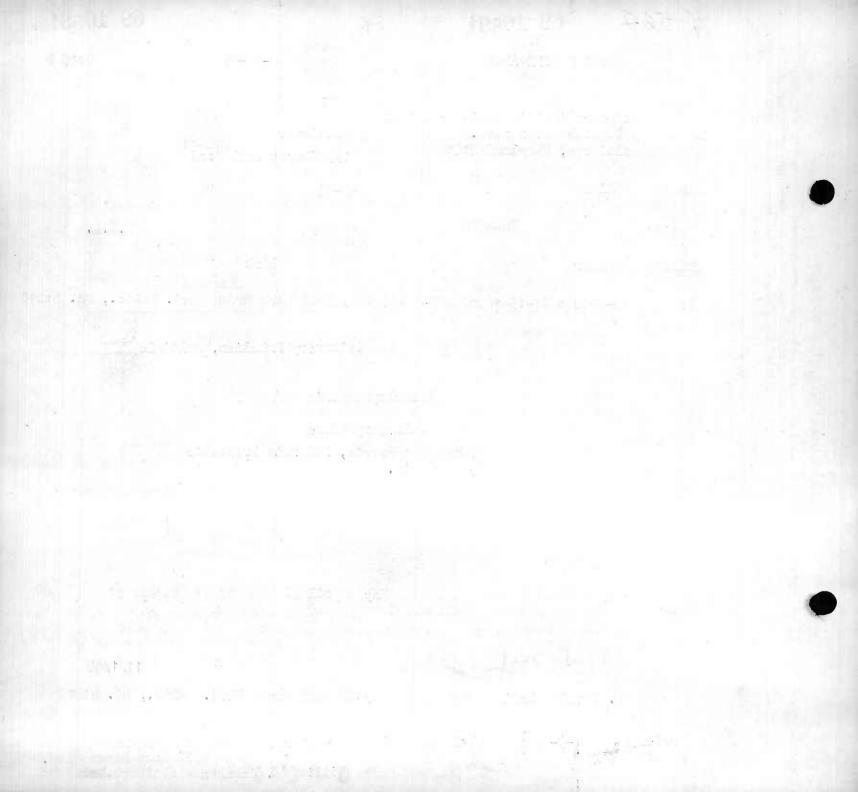
+ pro	606/6	6 years
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(II In Boltimore	City, giv	ve exoct locotion)
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to Och	6600	31 19 69
A) (Tome) obline	an dec	th accurred an the date
	-	TE SIGNED
	Cle	tober 31,1969
HOSPI,	TAL	
(City,	town,	or county) (State)
ore Co		Md
-20		ADDRESS
me 3035	W.	North Avenue
5055	77.0	HOT OIL WASHING



1 1175	BALTIMORE CITY	HEALTH DEPARTMENT	,	20 40 0-
W-425 69 108	90 CERTIFICA	TE OF DEATH	REG. NO.	59 10890
SIRIH NO.				
NAME OF DECEASED Type or Print) LILA MAE W	ULSON	41.	HOUR OF DEATH	169 445 AM
PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence belore admission)
	HOSPICE	MARYLAND C. CITY OR TOWN BALTIMORE	D. INSIDE	CITY LIMITS?
10 1214 EUTAW		E. STREET AND NUMBER		- 7
SEX 16. RACE 7. MADE	RYLANO 21217	815 BURCE		II Under 1 Yr. , If Under 24 Hrs.
F C WIDON	VED DIVORCED	9/03/10	59 125	Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work 10B, KfN) one during most of working life, even it retired)	OF BUSINESS OR INDUSTRY	11/ BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY
Factory Worker		SOUTH CARO	LINA	U.5.A
5 / A		14. MOTHER 3 MAIDEN NAME		
ELI LEMONS		104 DOW	V	
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Поппион	ADDRESS
to the second of	218-22-6052	INA BEL	1 21:	3 5 WILTAMS
18.	CAUSE OF DEATH	1011 PET	0.13	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH		C. V. A.		
(This does not meen the made of dying,	e.g., DUE TO OR AS	SE		
heart failure, asthenio, etc. It means the dise	ase,	CONSEQUENCE OF		
injury or camplication which coused death.)	Α	0 4 2		
ANTECEDENT CAUSES	(8)	· o . r		
DISEASES OR CONDITIONS, if any, gi	· · · · · · · · · · · · · · · · · · ·	A CONSEQUENCE OF:		
rise to the above cause (A) stoting UNDERLYING CONDITION lost.				
	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL		dnapholi	7 _	
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., it home, form, foctory, street, of etc.)	n or about 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Soltimore (City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F, HOW DID INJUR	Y OCCUR?	
OF INJURY	While At Not While			
(APPROX.)	Work At Work		.101	
22. I certify that (I) (this haspital) attend	ed the deceased from	0-23-67 19	to NW	19 6 7
that (1) (we) last saw the deceased alive	on 10-23	19 6 9 and that	in(my) (our) onink	on death occurred on the da
			,, (,,	
and hour and fram the couses stoted abov	e. (i) (#e) (did) (did not) v	iew the bady offer deoth.	1.	OD DATE SIGNED
23A. SIGNATURE	DEGREE	nding Med. St	roff pys.	3B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)		5 4 2 8 S	inclair	LA GALL IN
	C. NAME of CEMETERY OF CRE			town, or county) (State)
REMOVAL (Specify)	A D	245. 100	ne	(3101e)
10wal 11/6/69 -	mi/ aubur	13a	el more	- mg
SA. DATE REC'D BY HEALTH DEPT. 1558. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	1//	ADDRESS
10V 5 1969 066en E. Vanta	· 集集。0 0 5	Charles l	Keco 66	IW Barre S.
'S 150-REV. 1/1/68		1375	. [

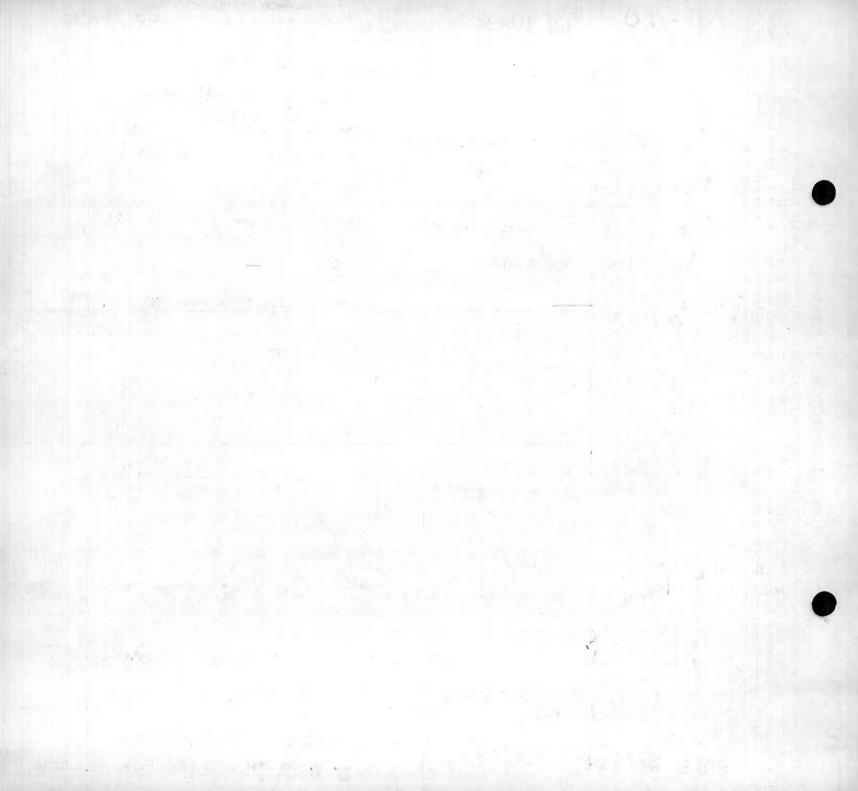


1/ -	. 40		BALTIMORE CITY	HEALTH DEPARTMENT	V	6.6
5-50	69	1089	1 CERTIFICA	TE OF DEATH	REG. NO	69 10891
IRTH NO.					D 110112 OF DEAT	
Type or Print)	KNORZER JOH	IN ADAM		10-31	HOUR OF DEATH	9:15 P ~
PLACE IN B.	ALTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If i	institution; residence before admission)
ULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland B.	71+3°C0.	SIDE CITY LIMITS?
NSHIOHON	Veterans Admi		-		J. 114.	YES A NO
23	3900 Loch Ray Baltimore, Ma			Baltimore E. STREET AND NUMBER	11 Pond	
SEX				139 Cherry De		
Male	White	WIDOWED (NEVER MARRIED DIVORCED	9-3-94	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	CUPATION (Give kind of work of working life, even if refired)	10 B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
Retire		Unkno	wn	New York		U.S.A.
3. FATHER'S N	AME			14. MOTHER'S MAIDEN NAM	ΛE	
Phillir	Knoerzer			Link	2	
. Was Deceas	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	Records	ADDRESS
	wn) (If yes, give wor or dote		102-03-38-06	VAH 3900 Toch F		Balto., Md. 21218
Yes	12-4-17to 1	1-12-10	CAUSE OF DEAT		Addi brace	APPROXIMATE INTERVAL
OTHER SIGN	the abave cause (A) NG CONDITION last. II IIIFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	NTRIBUTING 1	ydropyonephro	ary Edema Osis, Moderate P.	rostatic	
		DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING DEUTING CAUSE OF	21 B. hom etc.)	e, lorm, foctory, street, of	n or obout 21C. WHERE DID	(If in Boltimo	ore City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
OF INJURY		Whi	le At Not While			
22 1	(.) . (4h / .)		100		, 69 to Oct	ober 31 1969
	fy that (10) (this haspital e) last sow the deceose		10 0000000 110111	/^		vinion death occurred on the date
				iew the body after death.		
23A, 5IGN A		ea above. Q	A (u.e.) (ala) (MINE MATA A	rew the body difer death.		23 B. DATE SIGNED
	M. J.S	That '		nding Med.	Staff X	
23C. PHYSIC	TANES	+	DEGREE Phy	s. Director L	Phys.	11/1/69
NAME		Shafi	MD	3900 Loch Raven	Blvd. Balt	o., Md. 21218
4A. BURIAL C	REMATION, 248. DATE		AME of CEMETERY OF CRI	EMATORY 24D. LC	OCATION (C	City, town, or county) (State)
Buris		Re Re	ltiomre Natio	nal Cemetery F	Baltimore.	Maryland
SA. DATE REC	CO PARTY DEPT	DE NAME	REGISTRAR	25C. FUNERAL DIRECTOR	8521 1	Loch Raven Blvd.
S 150-REV. 1/	1/68	7	7 0] Jan E. J	ohnson Ba	ltimore, Maryland



FUNERAL DIRECTOR: IMPORTANT

BIR					69 10892
	TH NO.	392 CERTIFICA	TE OF DEATH		
	Pe or Print) To		2. DATE AN	HOUR OF DEATH	10 - 1
	Mary VZII	ra	101	30/69	10: 30 F
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE P	ONOUNCED DEAD	A. STATE B. COUN	e deceased lived, if	institution: residence before admiss
FU	LL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Wangland	Bag	Himm 531
HO	OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
01	NC. 1. Co. O. C	7, 11	- Cataismi	00	YES NO V
7	Morth Chance?	Sen Gosp	E. STREET AND NUMBER	((:	0001
1			204 Cha	my th	La Kosy
5, S	6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	ost pirthady)	If Under 1 Yr. If Under 24 Months: Doys Hours Min
7	TEKCHCE CUITITE WIDO	WED DIVORCED	2/11/25	44	77.01.11.15
	USUAL OCCUPATION (Give kind of work 108, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUN
dani	e during most of working life, even if retired)	ial Security	MERICA	-	W. SA.
13.	FATHER'S NAME	tal Bookilty	14. MOTHER'S MAIDEN NAM		
	1	1 008.			
-	ALFOHSO SCHOOL		Eliza -	-	
1S. Yes	Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of sen	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		Joseph Jeffra	04 Cherry	Hill Rd. 21136
-	18. 3 4 9	CAUSE OF DEAT		y	APPROXIMATE INTERVA
	DISEASE OR CONDITION DIRECTLY	1//	1 . 2.1.		author onset and de
	LEADING TO DEATH	Mas	swe free	ronary -	
	(This does not mean the made of dying,		A CONSEQUENCE OF:		
	heart foilure, asthenia, etc. It means the dis injury or camplicolian which caused deoth.)	ease,	1 / /	1	11/
	ANTECEDENT CAUSES	- Unela	- least of la	ali. 1.	K. 11.1
	DISEASES OR CONDITIONS, if any, g	(B) DUE TO OR AS	A CONSEQUENCE OF:	avery 1	ww
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BALTIMORE CITY HEALTH DEPARTMENT

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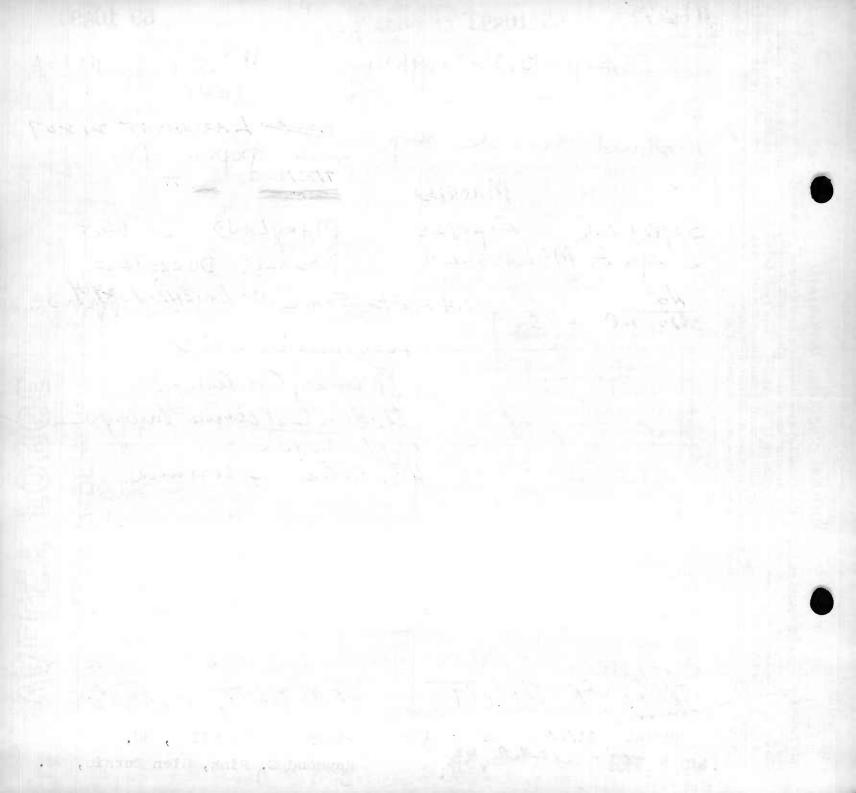
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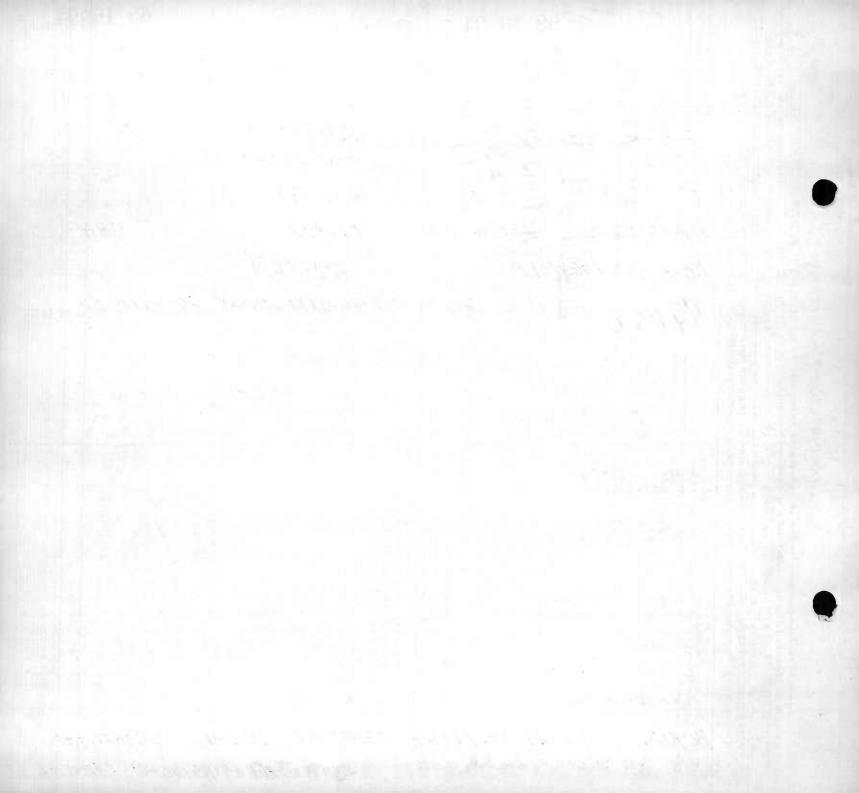
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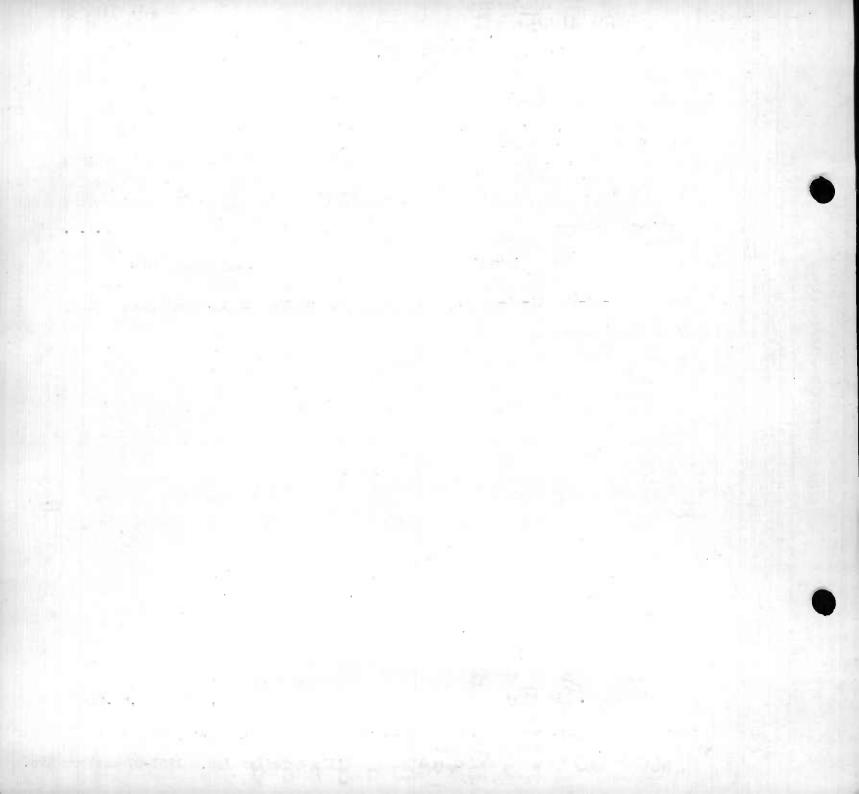
ONSET AND DEATH

IMPORTANT DIRECTOR: FUNERAL



BALTIMORE CITY HEALTH DEPARTMENT





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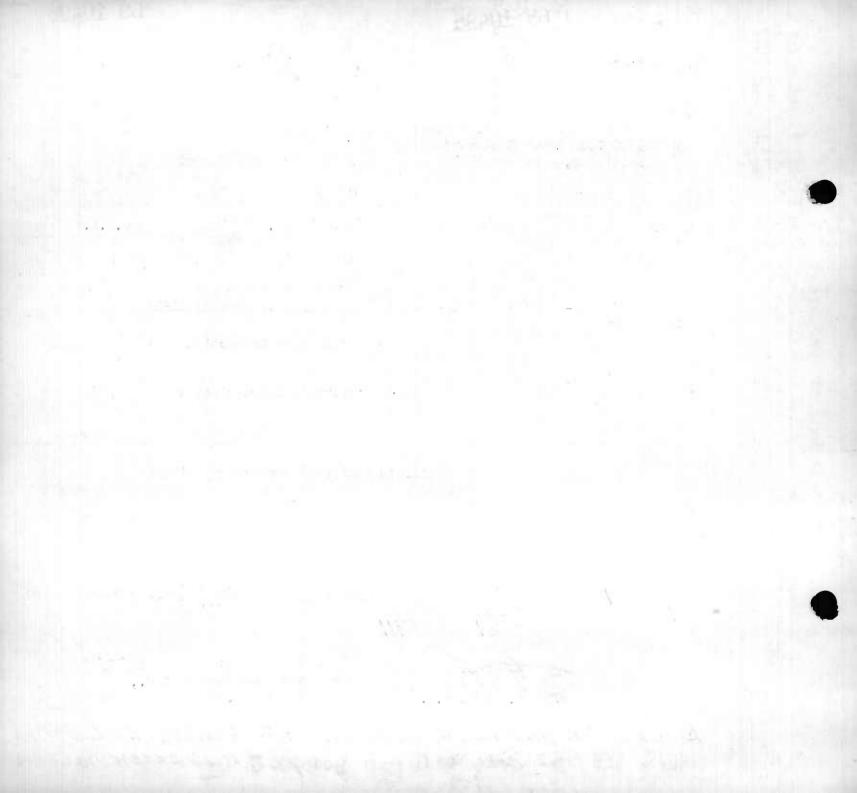
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	Nagel	2:14 44 11	13/69
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FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland	1534
HOSPITAL OR ADDRESS OR LOCATION)			INSIDE CITY LIMITS?
3.3		Baltimore	YES XX NO
The Johns Hopkins Ho	spital	825 Freeman Street	t
	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday 3	
OA. USUAL OCCUPATION (Give kind of work 108. KIN one during most of working life, even if retired) Bus Driver		Baltimore Maryland	12. CITIZEN OF WHAT COUN
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0011
Jacob Nagel		Margaret Blankenh	neim
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of ser	213-05-9265	Mr. Edward W. Nagel 32	4 Torner Road 21221
18. / 3 3 3	CAUSE OF DEAT		APPROXIMATE INTERV
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ADDRESS HAPPEND RD

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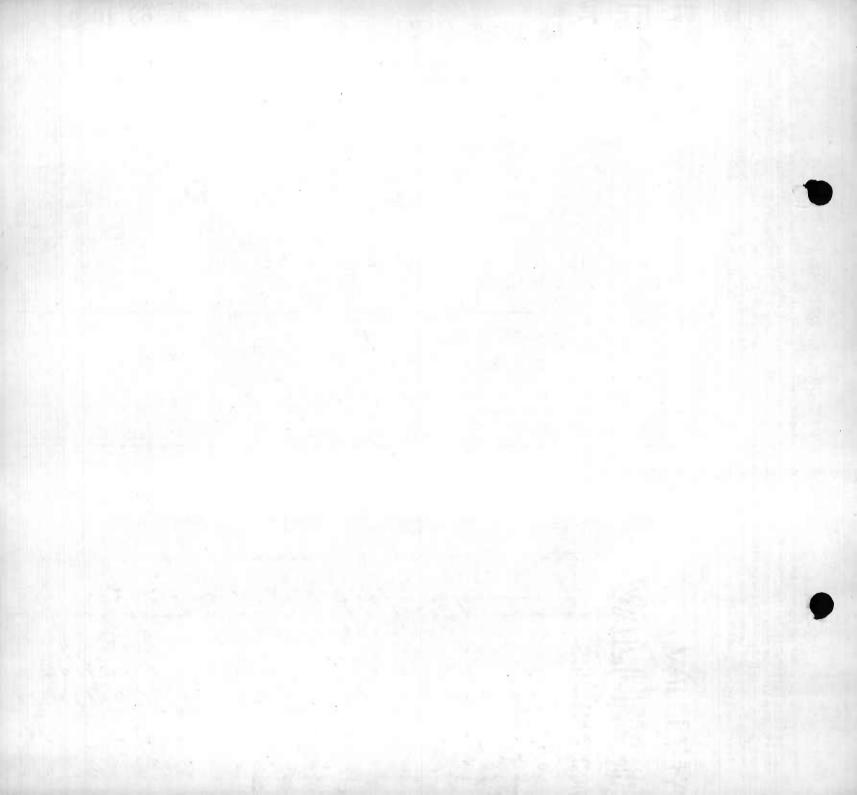
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	hospital use of d (5) Dece lance on death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: tesidence before admission) A. STATE B. COUNTY
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	de rior	done during most of working life, even if refired) Housewife 12. CITIZEN OF WHAT COUNTRY:
	0	13. FATHER'S NAME
7	F = 1. F = 7	ree 219201 Mary Kichard
IA	he dikind; kind; death ce on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no br unknown) (If yes, give war at doles at service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
OR	SST	Records US PHS Hospital, Balto, Md.
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	of a	that (1) (we) last saw the deceased alive an Nov 1 19 69 and that in (my) (aur) apinion death accurred an the date
	death) must be	and haur and from the causes stated above. (1) (We) (did) (Gid/ph/) view the body after death. 23A. SIGNATURE
	3 6 5 6 5	Attending Med. Staff X 11/4:/69
CB	was r An a C at c prior	23 C. PHYSI CIAN'S NAME (Type) 23 D. ADDRESS
	Mar - M. 10	GARY E. FELDMAN M.D. DEGREE US PHS Hospital, Balto, Md. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (State)
	D.O. O.O.	
	This certified by shows: (1) was D.O. deceased written a	25A DATE REC'D BY HEALTH DEPT. 25E NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	< 0 < 0 +	WUY 3 1909 Vasce & Value Company Marshall W. Jones, Jr. 1735 Harford Ave.

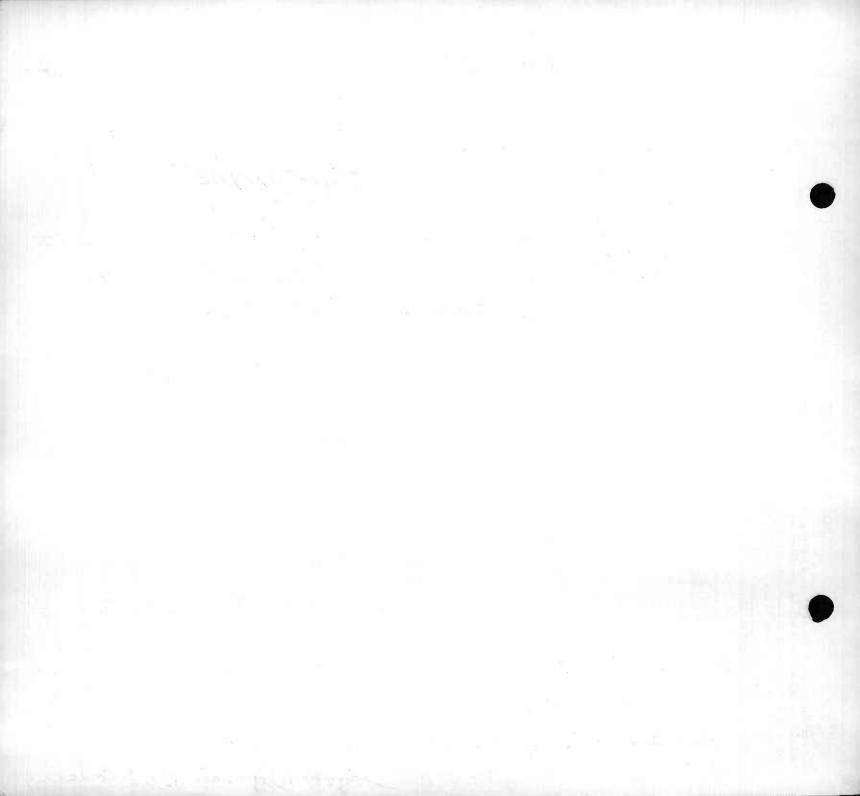
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	TIMORE, MARYLAND, W	HERE PRONO	INCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If	institution: residence before o	dmission)	
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland		1607		
HOSPITAL OR				C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?		
	eterans Admir			Baltimore E. STREET AND NUMBER		YES X NO		
3	900 Loch Rave	en Boule	evard		Class t			
5. SEX	altimore, Mar	VIand 2	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr. , If Under	er 24 Hrs.	
	10.00000	WIDOWED	= =	8/24/94	last birthday)	Months Doys Hours	Min.	
Male	negro			11. BIRTHPLACE (State of lot	1/	12, CITIZEN OF WHAT	COUNTRY	
done during most of v	working life, even if retired)	lathe	Operator	Augusta Ga.		U.S.A.		
13. FATHER'S NAM			-	14. MOTHER'S MAIDEN NA	ME			
Moses Mot	on			Anna Gant				
	Ever in U. S. Armed Fore		1 6. SOCIAL SECURITY NO.	17. INFORMANT	D	ADDRESS		
	7/29/18-3/13	/20	210-10-1863	VA Hospital		19		
Yes	11/54/10=3/17	1/19	CAUSE OF DEATH	Baltimore, 1	aryland 212	APPROXIMATE IN		
DISEAS	E OR CONDITION DIE	RECTLY						
(This days -	LEADING TO DEATH	distant and	(A) IMMEDIATE CAU		nrar c tion	5 days		
heart foilure,	(This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease,							
	Anteriosclerotic heart disease							
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:							
rise la lhe	rise to the obove cause (A) stating the							
UNDERLYING	CONDITION losi,		(c)					
Z OTHER SIGNIE	II ICANT CONDITIONS CO	NITPIRITING						
TO THE DEAT	H BUT NOT RELATED TO THE	HE TERMINAL	Chronic	abstructive pu	lmonary dise	ease		
	OPERATION 198. CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	lo) 208. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?		
19A. DATE OF	WAS PER			NO	IN CERTIFING C	AUSES OF DEATH?		
OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF medical examiner)	21 B. hom etc.)	e, form, foctory, street, of	n or obout 21 C. WHERE DID fice bldg. INJURY OCCUR?	(If in Baltim	ore City, give exact location)		
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
(APPROX.)		Whi	le At Not While					
22. L'certify	that (1) (this hospital			ctober 4th	19 69 to Oct	tober 30th	69	
						pinion death occurred on		
				iew the body after death.				
23A. SIGNATU		ou obuver y	/ (me) (did) (did) by	rew file body offer death.		23B. DATE SIGNED		
	Attending Med. Staff 10/							
23 C. PHYSICIA	N'S	40	DEGREE		och Raven B	10/31/69		
NAME (T	YOUNG	E. CHI	IN. M.D.		ore, Marylan			
24A. BURIAL CRE	MATION, 248. DATE		ME of CEMETERY OF CRE			City, town or county)	(Stote)	
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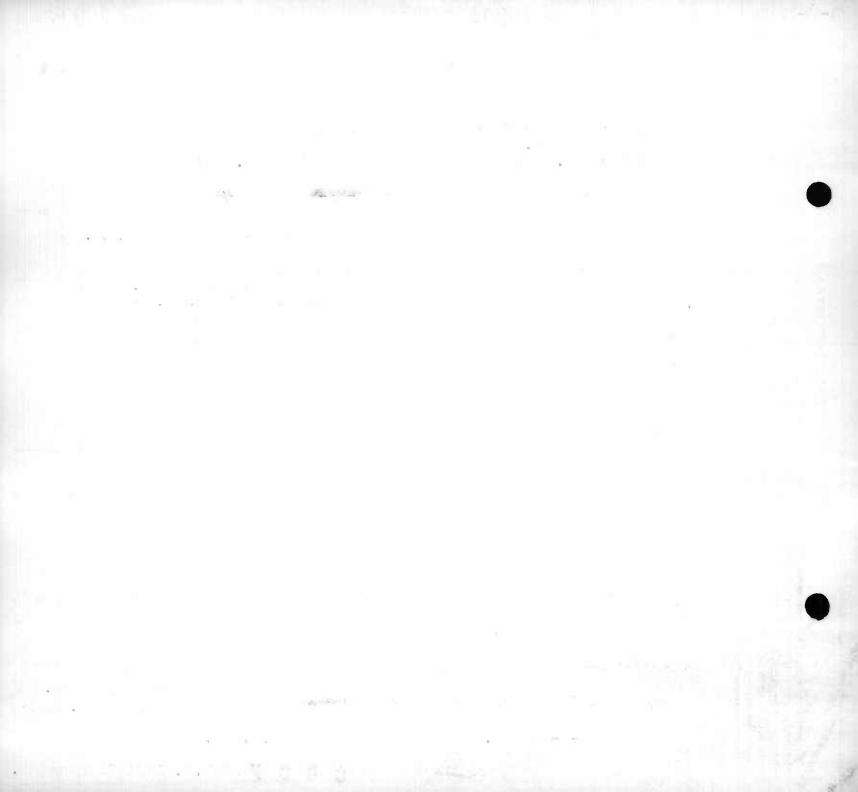


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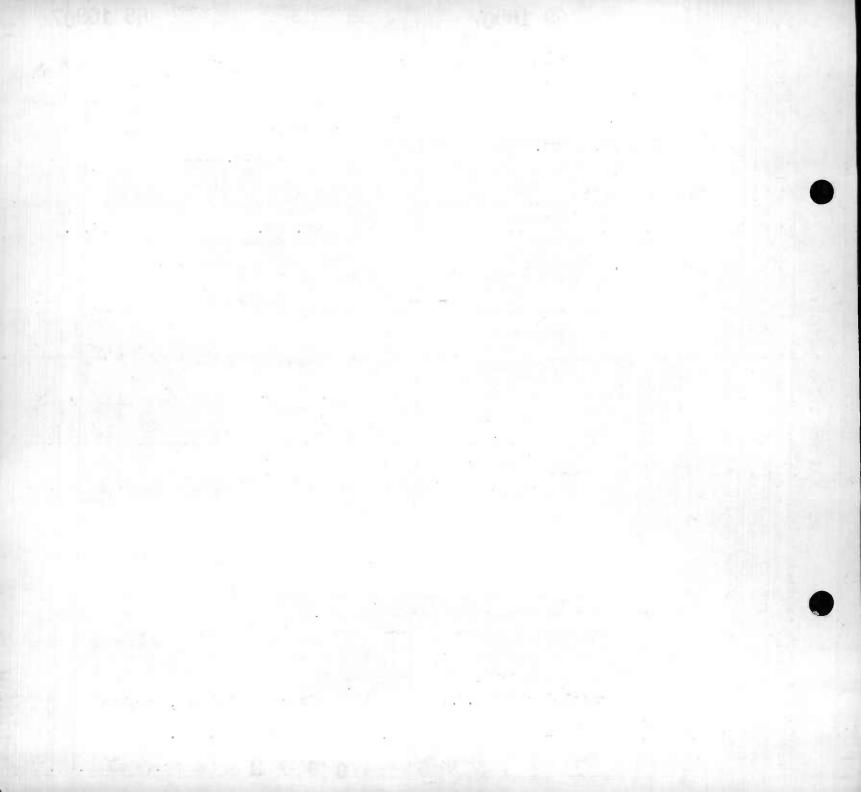
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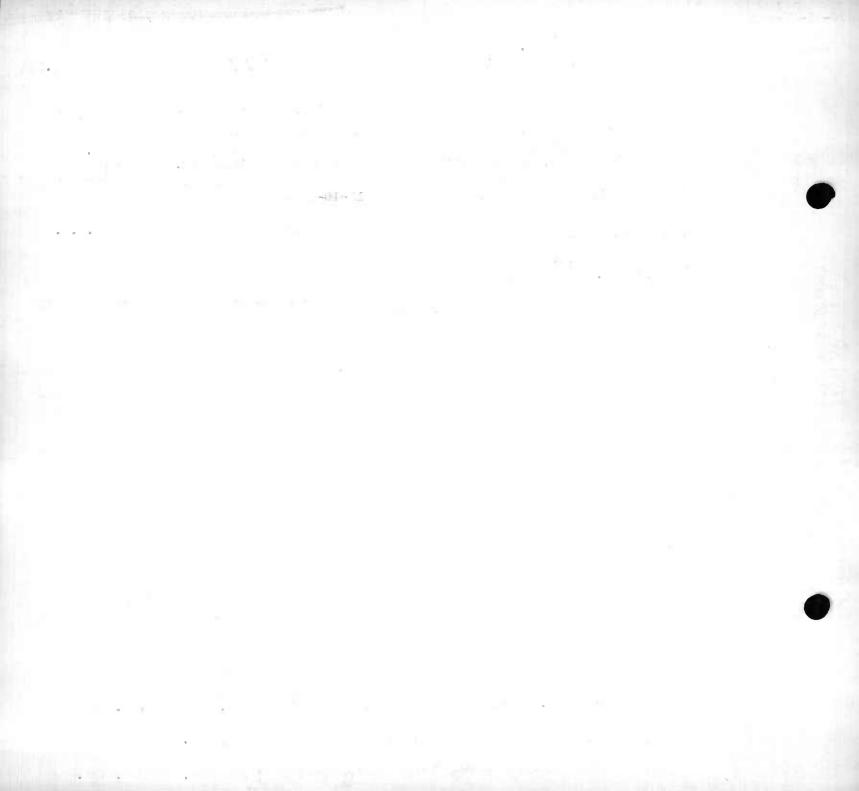




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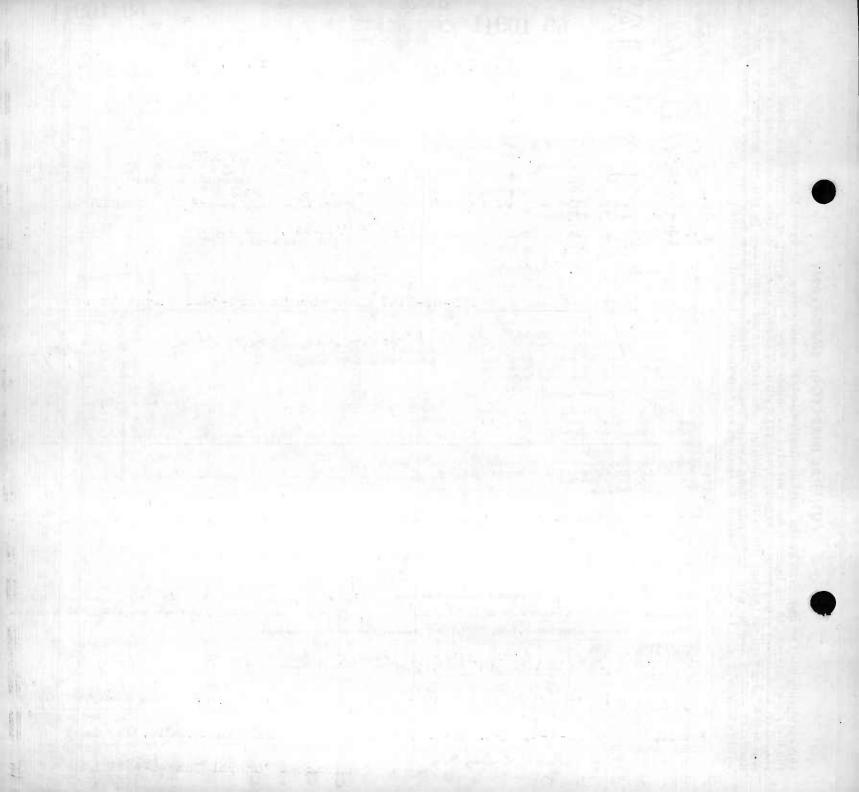


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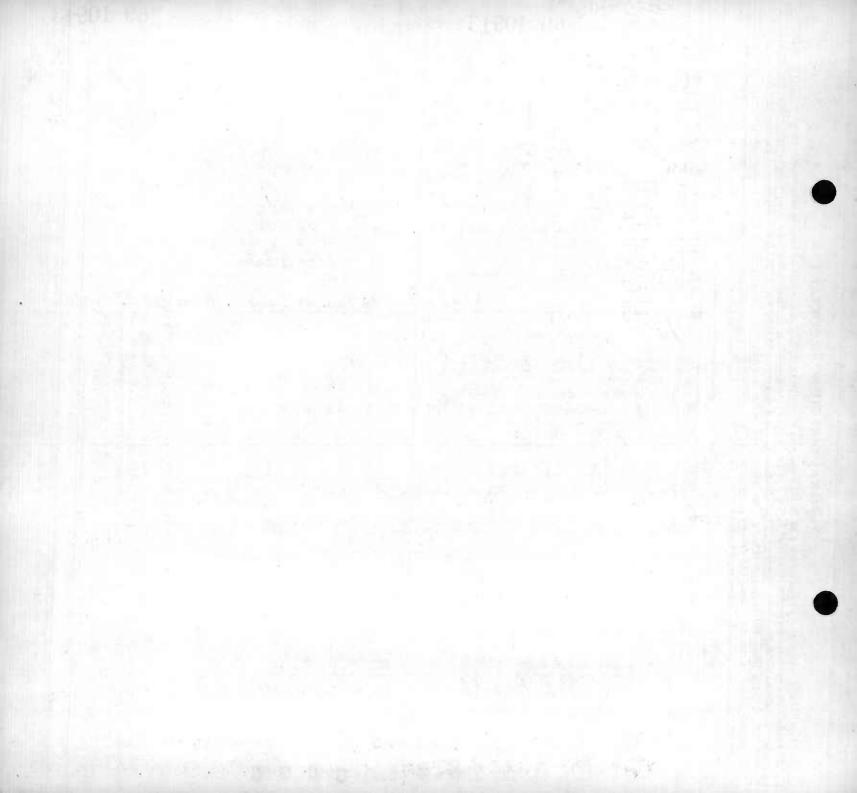
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(Type or Print)	STORY, T	HOMAS J		NO'	VEMBER 4,	1969 1:04 R.
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA			MARYLAND	here deceased lived. If	institution: residence befare admission)
HOSPITAL OR ADDRESS OR LOCATION) ST. AGNES HOSPITAL				BALTIMORE E. STREET AND NUMBER		ISIDE CITY LIMITS? YES 🖔 NO 🗌
40				2505 MOORI	E AVE 21	234
MALE	WHITE	WIDOWED	DIVORCED	8. DATE OF BIRTH 12/02/17 11. BIRTHPLACE (State of 1	9. AGE (In years lost birthday) 51	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min,
REFRIG	ERATION	1	REFRIGERA			U.S.A.
RAYMON	D STORY			LORETTA ST		ONAN)
15. Wes Decoased (Yes, na or unknown) NONE	Ever in U. S. Armed Ford (If yes, give war or date	s of service)	SECURITY NO.	ST . AGNES I		ADDRESS
(This does not heart lailure, injury or com	SE OR CONDITION DIR LEADING TO DEATH tol mean the mode of osthenio, etc. II meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if of a above cause (A) of CONDITION last.	dying, e.g., the disease, death.)	(B) See	1.1.6	liver denel 11/	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH 2- breeks 5-6 years
IO THE DEAT	II ICANT CONDITIONS CON IF BUT NOT RELATED TO THE ONDITION GIVEN IN PART OPERATION 198, CON	E TERMINAL	CU AAFA HAA	100.1		
E O	WAS PERF	ORMED		YES		E FINDINGS CONSIDERED AUSES OP DEATH?
OR CONTRIBU	IT WAS UNDERLYING TINO CAUSE OF medical exemined	home, i	orm, foctory, street, of	or obout 21C, WHERE DID ico bldg., INJURY OCCUR?	(II In Boltim	ore City, give exact lacation)
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that (I) (we)	that (1) (this hospital) last saw the decease	offve on NO	OVEMBER 4	EPTEMBER 27 1969 ond	19 69 to NO\ that In (my) (our) op	VEMBER 4 19 69
and hour and	RE			ew the body after death	Stoff Phys.	23B, DATE SIGNED //- & -6 9
	NS / 3350 /	witte	/ DIONEL	3D. ADDRESS BALTIN	ORE, MARYL	AND 21229
23C.PHYSICIAN NAME (T) 4A. BURIAL CREA REMOVAL (S	H.	NAK	LAWA DEGREE	ST. AGNES H	IOSPITAL; CA	TON & WILKENS AV



A 462			Y HEALTH DEPARTMENT	
20-130		TH NO. 69 10912 CERTIFICA	ATE OF DEATH X REG. NO. 69 10912	
2x nd		NAME OF DECEASED	2, DATE AND HOUR OF DEATH	
Sign		pe or Print Law rence H. Collins. Sr.	November 1, 1969 6:07 P	
3 0000	2	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admissi	M.
9 . 1 . 2 . 0 . 5	٥.	TEACE IN BACILIMORE MARIEAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	162
de (5.80)	FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND MANNEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX).
2 Sales	in	STITUTION THE JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
- X CX C S & L	T.	BALTIMORE, MD 21205	STREET AND NUMBER OCKEUSVILLE AD F # PTOCE	-
3 4 - 5 0 2 · 5 ·		3 3 Charles Ho Eleoy	E. STREET AND NUMBER OCKEYSVILLE Apt. H. Place	<i>f</i> .
2 Jespende	5	SEX 6. RACE 7. MADDIED W NEVED MADDIED		
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no occorring to the state of th		MALE WHITE WIDOWED DIVORCED	6-9-97 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUN	ITAWA
H contraction of the contraction		N. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY to during most of working life, even if retired)		IRT?
E Paris	8	lectrical Engr. Self	Baltimore, Maryland USA	
S The sees		FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
中二 54 + 6	W	alter (ollins	Adelaide Brooks	
T Z = 5 5 5 5 5 5	15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS	
A Spraine	(Ye	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 278-09-4777	A. Mr. Carl N. Collins 6427 Pinehurst Rd	1
Z S S T A T I I	-	1		_
EE S		436.7	BETWEEN ONSET AND DE	
0 20-6 5 P P P P P P P P P P P P P P P P P P		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	USE assbrovascular accident oneliour	
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- H 0×0		iise to the obave cause (A) stoting the		
A STATE OF S		UNDERLYING CONDITION lost. (C)		
Sicial Main	17	II	. 11.	
n y in y	6	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	inal Aortic Anennysm 5 years	
A TEY O'S O	V	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B- CONDITION FOR WHICH OPERATION	[20A, AUTOPSY? (Yes or No)] 20B, IF YES, WERE FINDINGS CONSIDERED	-
N Sido od sis	E	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?	
S FUNE S THE Chief The Ch	O SE	21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g.,		-
4 th	¥	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ffice bldg., INJURY OCCUR?	
A Standard	DIC	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
d osp	N N	OF INJURY		
a region		Work At Work	A	
he he and		22. I certify that (1) (this haspital) attended the deceased from 10.5	ovenher / 1968 to Dovember, 196	7.
4 o t o t o t o t o t o t o t o t o t o		that (1) (ne) last saw the deceased alive an \ average average - 1	19 6 7 and that in (my) (ayr) aplnian death accurred an the	date
d t		and haur and from the causes stated above (1) (We) (did) (did not)	view the bady after death.	
ust be a cased to dent of ospital death)		23A. SIGNATURE	23B. DATE/SIGNED	
5 6 5 6 6		DISTRICT OF THE PROPERTY OF TH	ending Med. Staff Director Phys. D	
			23D. ADDRESS	
was r was r An a Prior		23C. PHYSICIAN'S NAME (Type) GEORGE H. SACK JR M.D.	GOINI Brond War Ballo Md 20	265
	24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or county) (Stote	= -
± \$0.00 p	-	REMOVAL (Specify)		
W S: W S: D. D.		Burial 11/4/69 Loudon Park (e	metery Baltimore, Maryland	
This certif the body shows: (1) was D.O.A deceased written ag	25	NOV 6 1969. Tober E. Jailer N.D.	John A. Monan, Inc. 3000 E. Baltimore.	54
F = 3 3 0 3			o o o o o	コエ
	VS	150-REV. 1/1/6B		

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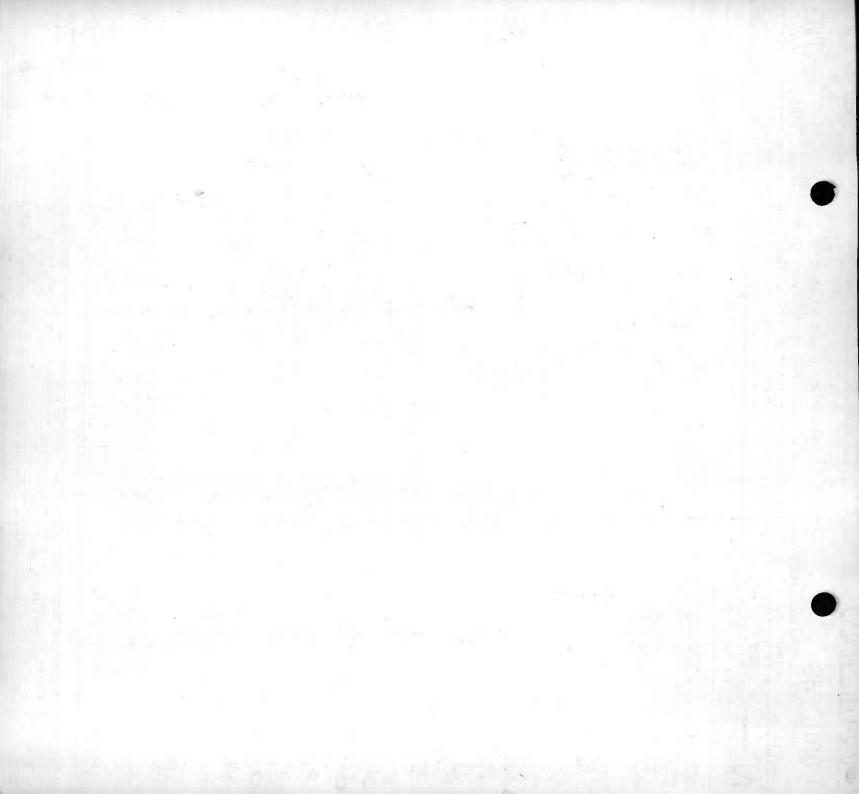


BALTIMORE	CITY	MEALTH	DEDA	DTAJENI
DALLIMOKE	CILI	REALIN	UEPA	KIMEN

AFDICAL.	EYAMINED'S	CEPTIFICATE	OF DEATH				

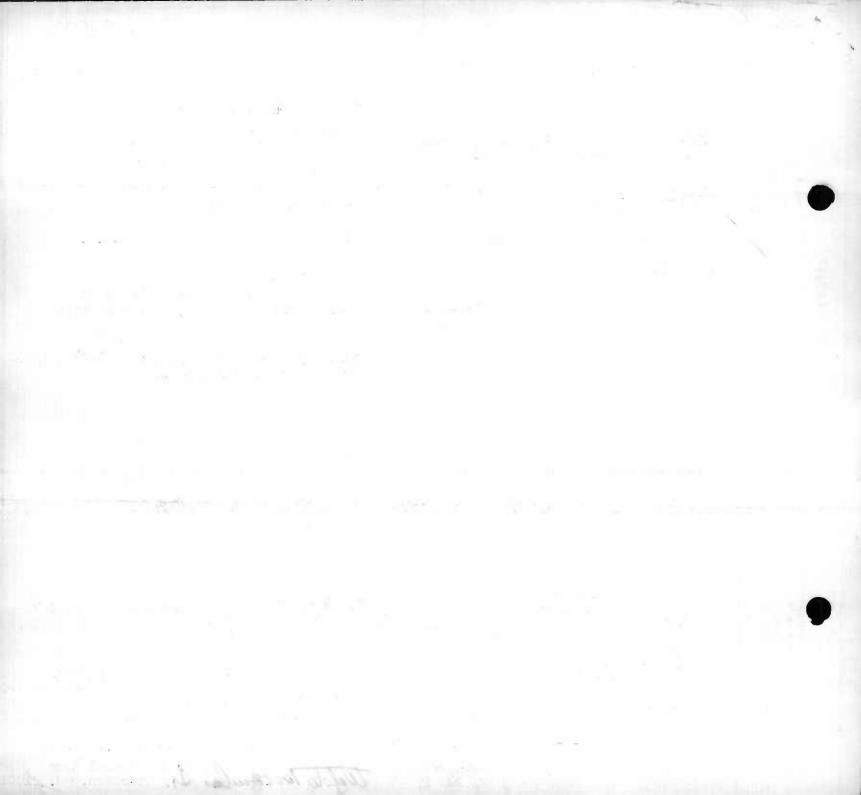
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	69	1.0914			BALTIMORE CITY HE			00 100 .	
L		TOOTA V	MED	ICAL	EXAMINER'S	CERTIFICATE OF DEATI	H REG NO	69 10914	
100	RTH NO.						WEO. 140.2		
1.	NAME OF DE					2. DATE Knawn Month	Doy	Year Hour	
(,,	pe or rinny	MARY HA	ARRIS	SON		OF DEATH Estimoted Nov.	1,196	9	M.
4.	PLACE IN BA	LTIMORE, MARYLA	ND, W	HERE P	RONOUNCED DEAD	3. DATE Month	Doy	Yeor Hour	****
	LL NAME OF	(IF NOT IN I	OSPITAL	ORINS	TITUTION, GIVE STREET	PRONOUNCED DEAD Novemb	er 1,196	9 12:20 1	P _M .
	SPITAL	ADDRESS O	RLOCAT	ION		5. USUAL RESIDENCE (Where deceosed liv		antidana halam adaissian)	M.
	7.21	NT TT# -1-1-	- 1 A			I A. STATE	B. COUNTY	residence before damission)	
_		N. Highlar	nd Av	renue	2	Maryland		2664	
6.	SEX	7. RACE		B. MARE	RIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?	
Н	Female	White		WIDOV	WED DIVORCED	Baltimore	VE	NO D	
9.	DATE OF BIR		AGE (In	yeors	If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	12.	SEE NOL	
3	2-14-1	any lost	birthdoy	1	Months Doys Hours Min.				
-	, , , ,					431 N. Highland Aven	ue		
11.	1 -	State or foreign cou	untry)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME			
		NTOCKY			1128.A.		-INS		
144	USUAL OCC	JPATION (Give kind	of work 1	4B. KINE	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME			_
don		working lile, even ifr SE Wife E		V	TOME	VINNIE SI	WITH		
14		ED EVER IN U.S.				IA INFORMANT	41114	DATES	_
(Ye	s, no or unknown	(If yes, give war or	dotes of	service	SECURITY NO.	Mary Con CO		DRESS	1
	NA		-		_	Mrs. Mellie Storane -	431 N	1. Acxilland	pu
	19.	3 1/			CAUSE OF DEA	тн \		APPROXIMATE INTERVA	AL
	District	F OR COMPINION	LDIREC		Arterios	clerotic Cardiovascula	r Diseas		AIM
	DISEA	SE OR CONDITION		ILT			2 Diocas		
	(This does	not mean the made	of dyla	o. e.g.,	(A)IMMEDIATE C	AUSE			
	heort foilur	e, osthenio, etc. It me mplication which cou	eans the c	liseose,	DUE 10, OK 2	AS A CONSEQUENCE OF:			
Н	injury or complication which coused death.)								
	ANTECEDENT CAUSES (A)								
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE								
	UNDERLYING CONDITION TAST.								
Z	(c)								
CERTIFICATION		- 11							_
S	OTHER SIG	VIFICANT CONDITION ATH BUT NOT RELA	ONS CO	NTRIBU	TING				
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N.	20A. DATE O	F OPERATION 20E	. CON	DITION	FOR WHICH OPERATION WA	AS PERFORMED		21. AUTOPSY? (Yes or No)
Ü	0								
¥	22A. EXTER	NAL CAUSE WAS		-	228 BLACE OF INTURY			no	
O	40144	OR CONTRIB-			home, form, loctory, street, office	in or obout 22C. WHERE DID (If In Boltimore bldg., etc.) INJURY OCCUR?	City, give exoci	location)	
	UTING C	USE OF DEATH.							
Σ	OF INJURY	(Month) (Doy)	(Yeor)	(Hou	r) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCU	R?		
	(APPROX.)					WHILE			
	23.				m. WORK LATW	ORK L			—
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	resu	ted from Nature	COUS	05 X	Accident _ Suicid	e Homicide Undetermin	ed monner		
	- S	11.		1/1	/ //	CHIEF MEDICAL EXAMINER			
	ACTUAL		1 0	11/	fruit -	ASSISTANT MEDICAL EXAMINER	$\overline{\mathbf{x}}$	DATE SIGNED	
	SIGNAT EXAMIN		TK L	77.00	M.D		_	11/0/60	
	NAME (Type)	La N.	Kor	enblum, M.D.	ASSOCIATE MEDICAL EXAMINER		11/2/69	
124	A. BURIAL CRE		ATE		24C. NAME of CEMETERY	OF CREMATORY 1240 LOCATION	(5:1.		
RE	MOVAL (Spec	ilv)			C. ITAMIL OF CEMETERY			or county) (Stote)	
		INL III	-5-	69	DAK LAW	IN CEM BI	NUTO.,	Mo.	
25		BY HEALTH DEPT.		25B. N	IAME OF REGISTRAR	SC. FUNERAL DIRECTOR		DRESS	7
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TERRIPA MARRATT

Aberdeen, Md. 2k001



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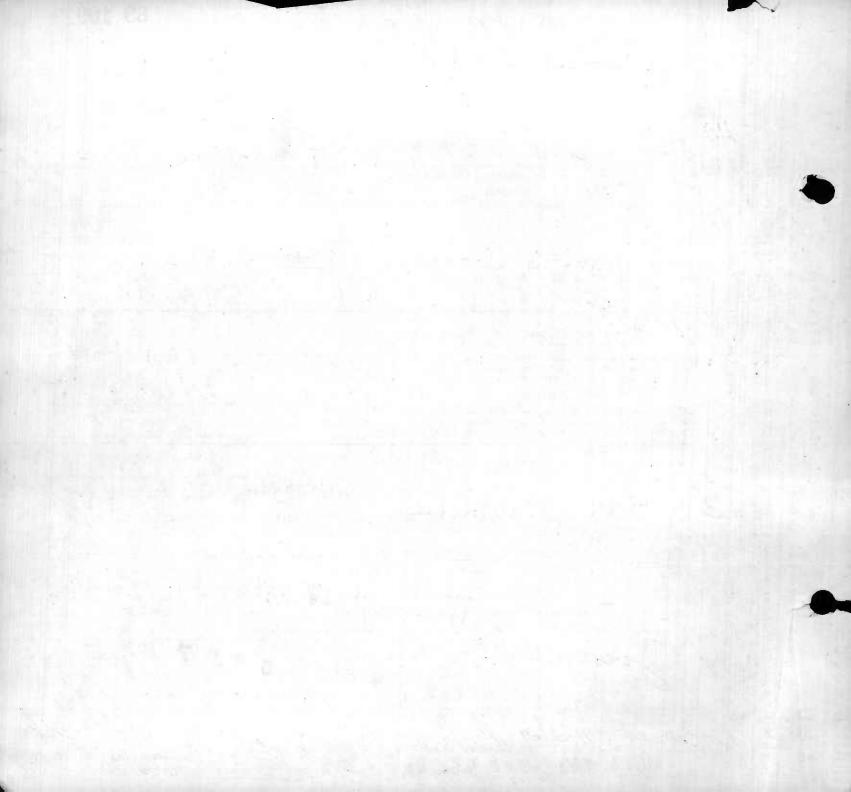
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mad	S. S.	6. RACE 7. MARRI	ED NEVER MARRIED		AGE (In years If U	Inder 1 Yr. If Under 24 Hrs. ths: Doys Hours Min.
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d		CIVILIAN T	len/Kins	The state of	mania alan	May .
2		Dalliana 2:	304111113	A10 01 C	chrimanu	
	15. V	Vos Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT.	e-t-1 a	ADDRESS
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balmed		LEADING TO DEATH	(A) IMMEDIATE CAU	SE		
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pq		heart failure, asthenio, etc. 11 means the disectinjury or camplication which caused death.)	ise,	_ //	1	1 1.1
E		ANTECEDENT CAUSES	12/02	al north sol	mani et al	
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re		DISEASES OR CONDITIONS, if any, giv	1119	A CONSEQUENCE OF:	// 0	
S		tise to the above cause (A) stating UNDERLYING CONDITION last.	(C)			
remains	-	one control to the control of the co	(C)			
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6		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMIN		prenal.		
0	A	DISEASE OR CONDITION GIVEN IN PART 1 (A).		1		
ŧ,	2	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIT	OF DEATH?
	ERTIF	10-13-67 PAOT	ctic ca		yes	
before	U	2 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	or obout 21C. WHERE DID	(If In Baltimore City,	give exoct locotion)
ef		OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, factory, street, of	nce blag, Mijoki occok.		
	2					
eq	111	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
ained	- N	(APPROX.)	White At Work Not While At Work			, 0
				10-11-61	11 = 7	-64
obt		22. I certify that (I) (this haspital) attended			9to	
0		that (1) (we) lost saw the deceased olive a	on 11-2-6	19 and the	t in (my) (our) opinion	death accurred on the date
b		and hour and from the causes stated above	a (I) (We) (did) (did not) y	iew the body after death.		
ıst	T L	23A. SIGNATURE			23B.	DATE SIGNED
E		LIAM - Z	LAN MY DAME	nding Med.	- 0	1 2-18
=		XVVIII X	DEGREE Phy	Director Director	Phys.	1-2-6-
Š		23 C. PHYSICIAN'S	13 6 9	23D. ADDRESS	1 4	11
approval		NAMÉ (Type)	1 9 0	Month Ch	arle Hen	. Horn
9	244	DUDIN CREATER OF DATE	GEGREE CEASTERY CR	240 10	CATION (City to)	wn, or country) a (State)
0	24A	BURIAL CREMATION, 24B. DATE 246.	C. NAME of CEMETERY OF CRI	24D. LC	CATION (City, to)	2010 5111
	1 1	1/ 11/-/101	MI Dunt war las la	pull sout 1	IKndge 1	THE MICH.
	1	7116171 111510411	VIT NOT KAN VIR DE LES			
	25 A	DATE REC'D BY HEALTH DEPT. 258, NAM	WE OF REGISTRAR	2SC. FUNERAL DIRECTOR	-	ADDRESS
	25 A	. DATE REC'D BY HEALTH DEPT. 258. NAM		25C. FUNERAL DIRECTOR	Single	etas ADDRESS et Along
written	25 A	July 111 11 11 11 11		2SC. FUNERAL DIRECTOR	- Color	tan ADDRESS Home



VS 151-REV. 1/1/6B

W-452 69 10923 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 69 10923

BIRTH NO.	MEL	JICAL E	AMIINER 3 C	EKTIFICATE	JF DEAT	REG. NO.			
NAME OF DEC	FASED			2. DATE Known	7 Month	Doy	Yeor	Hour	
ype or Print)			7.	OF		DOY	1601	TOUT	
	John G.7		Jr.	DEATH Estimoled					M.
. PLACE IN BALT	TIMORE, MARYLAND,	WHERE PRONC	DUNCED DEAD	3. DATE	Month	Doy	Yeor	Hour	
ULL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITUTION	ON, GIVE STREET	PRONOUNCED DEAD	11	2	69	2.00	D
OSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)		5. USUAL RESIDENCE (V		und If Institution		2:00	
				A. STATE	vnere deceosed II	B. COUNTY	residence ber	(/)	ioirj
9/	Mercy Hospi	tal		Mary1	and '		12	03	
. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CI	TY LIMITS?		
[ale	White	WIDOWED	DIVORCED .	Baltimore		YI	ES E NO	0	
DATE OF BIRTH	1 10. AGE	In years If Ur	nder 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBE	R				
8-4-193	lost birthd	-	hs Doys Hours Min.	2612 N 0-1	and Char	- 4-			
		6	1 1 1	2613 N. Calv	ert Stre	et			
I. BIRTHPLACE (S	lole or foreign country)		CITIZEN OF VHAT COUNTRY?	13. FATHER'S NAME					
Wil	kebora Penna	1.	H.S. A		John G	H WHIT-	iams Sr		
4A.USUAL OCCU	PATION (Give kind of wor	k 14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN		eliendid.		•	-
one during most of w	orking life, even if retired)							
Printe	r	News	American		Esth				
S. WAS DECEASE	D EVER IN U.S. ARME	D FORCES?	17. SOCIAL	IB. INFORMANT		A	DDRESS	2;237	7
7.7	(If yes, give wor or dote:	s of service)	SECURITY NO.	Tohan C II TH	77: 0	(()	77 7		
No			212-30-5951		lliams S	r. 0503	Hazelwo	OXIMATE INT	
IA. 1- 8	SOX		CAUSE OF DEA	TH	10			N ONSET AN	
DICEAC	CONDITION DID	ECTIV							
	E OR CONDITION DIR LEADING TO DEATH	ECILI		Subdural	hematoma				
		lt	(A) IMMEDIATE C	AUSE					
	ot meon the mode of d , osthenio, etc. It meons th		DUE TO, OR A	AS A CONSEQUENCE OF:					
	plication which coused de								
1A	NTECEDENT CAUSES		(B)						
	OR CONDITIONS, IF AN		DUE TO, OR	AS A CONSEQUENCE OF:					
	ABOVE CAUSE (A) ST.				t				
2	TO COMPINON LAGI.		(C)						
3	II								
OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING							
	TH BUT NOT RELATED TO								
	CONDITION GIVEN IN		MANUAL ORED ATION IN	C DEDECORATED			Total Attropy	CV0 /V	- NI \
n l	OPERATION 208. CC	ONDITION FOR	WHICH OPERATION WA	AS PERFORMED			21. AUTOPS	A (Les of	NO
2							yes		
22A. EXTER	NAL CAUSE WAS	22B. I	PLACE OF INJURY(e.g.,	in or obout 22C. WHERE I	DID (If in Boltimo	re Cltv. give exe	oct locotion)		
	OR CONTRIB-	home	, form, foctory, street, office	e bidg:=etc.) INJURY OCCI	JR? _		4-1	5/	
	USE OF DEATH.		Midway Bar	421	E.Baltim	ore St.	,	/	
	(Month) (Doy) (Ye		2E.INJURY OCCURRED	22F. HOW DI	D INJURY OCC	UR?			
(APPROX.)	9 16 6		VHILE AT NOT	WHILE Subje	ct fell	down sta	irs		
		m. V	VORK L AT W	ORK DIE					
23.						1 4 1			
		Inquiry 📙	_		an this basis,				
result	ted from: Natural ca	uses A	ccident 🗓 Suicid			ned manner			
-	/	7./	1	CHIEF MEDIC	CAL EXAMINER	X	D	ATE SIGN	JED
ACTUAL	6	Mars	110	ASSISTANT MEDI	CAL EXAMINER		D	AIE SIGN	IED
SIGNATI		11 -000	M.D).					
EXAMIN		11 0 -		ASSOCIATE MEDI	CAL EXAMINER				
NAME (T			sher, M.D.					L1-3-6	
4A. BURIAL CREA	MATION, 24B. DATE	24	C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, tow	n, or county)	(Stote	e)
REMOVAL (Special			Moreland Park		Baltin	more, E	107+0	Ma	
Burial	11-5-	1909			alth			Md	
25A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DI	RECTOR	-	ADDRESS		
NO	y 6 1969 5	12.05	Tabler, M.D.	Laccobn E	II Lowowell	71.07	R .	70 7	07.0
110	1 0 1303		11.0	Lassahn F	mieral Ho	ome 1401	Pelair	, Koad	275

29999000000

VS177 Dr. Fisher

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00	10024

1	700	69 10924 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
6-0	700	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 10924
		1. NAME OF DECEASED (Type or Print) DOD CTAY CARGANAN OF Wanth Day Yeor Hour
		DORSEY GASSAWAY DEATH Estimated 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day Year Hour
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD NOVAMBOR / 1060 7.30 D
	CERT	PHYSICUIOA T FADDRESS OR COLLING TO THE PROPERTY OF THE PROPER
		6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
		Male White WIDOWED DIVORCED XXX Towson VES NO X
		9. DATE OF SIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Months; Doys; Hours; Min. 1216 Wine Spring Lane
		Feb. 2, 1940 29 1 1216 Wine Spring Lane 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME
		Maryland U.S.A. William G. Gassaway
		14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)
		Social Worker Mary Louise Dorsey
		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or doles of service) 17. SOCIAL SECURITY NQ. 18. INFORMANT ADDRESS
		No 212-42-9859 Mrs. Bonnie Gassaway Same as # 5 E CAUSE OF DEATH APPROXIMATE INTERVAL
		Cumphot around of hand
		1 FADING TO DEATH
		(This does not mean the mode of dying, e.g., heart follure, osthenio, eic. it means the disease, injury or complication which coused death.)
		ANTECEDENT CAUSES (e)
		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE
		UNDERLYING CONDITION LAST.
		O THER SIGNIFICANT CONDITIONS CONTRIBUTING O TO THE DEATH BUT NOT BELIED TO THE TERMINAL
		DISEASE OR CONDITION GIVEN IN PART 1 (A).
		20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
		22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR?
		© UTING CAUSE OF DEATH. Car Rear of 200 Ridgewood Road
		I OF INTIRY
		(APPROX.) Unk. m. WHILE AT NOT WHILE X Self-inflicted gunshot wound of head 23.
		I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death in my apinion
		resulted from: Natural causes Accident Suicide Homicide Undetermined manner
		ACTUAL ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED
		SIGNATURE ASSISTANT MEDICAL EXAMINER X EXAMINER'S ASSOCIATE MEDICAL EXAMINER
		NAME (Type) Ronald N. Kornblum, M.D.
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (State)
		Burial 11-7-69 Druid Ridge Cemetery Pikesville Maryland
		25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
		NOV 6 1969 Rest E. Faller, M.D. Wm. Cook-Brooks Towson, I'c. Towson, Md.
		VS 151-REV, 1/1/68

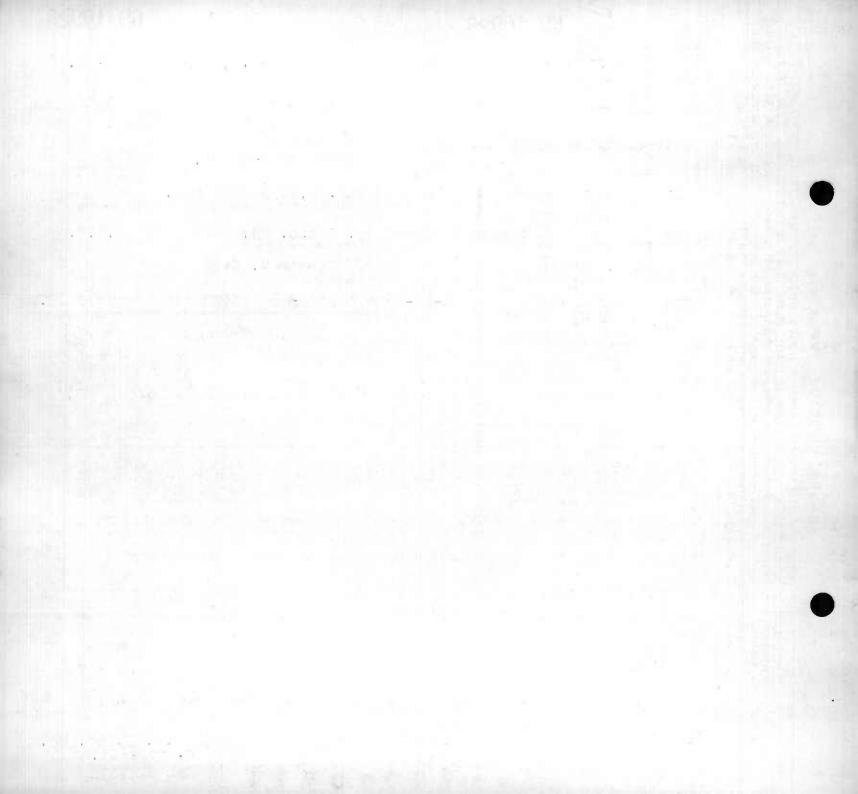
11/13/69 - Correction form from funeral director.

Be

of the section of the resident section is

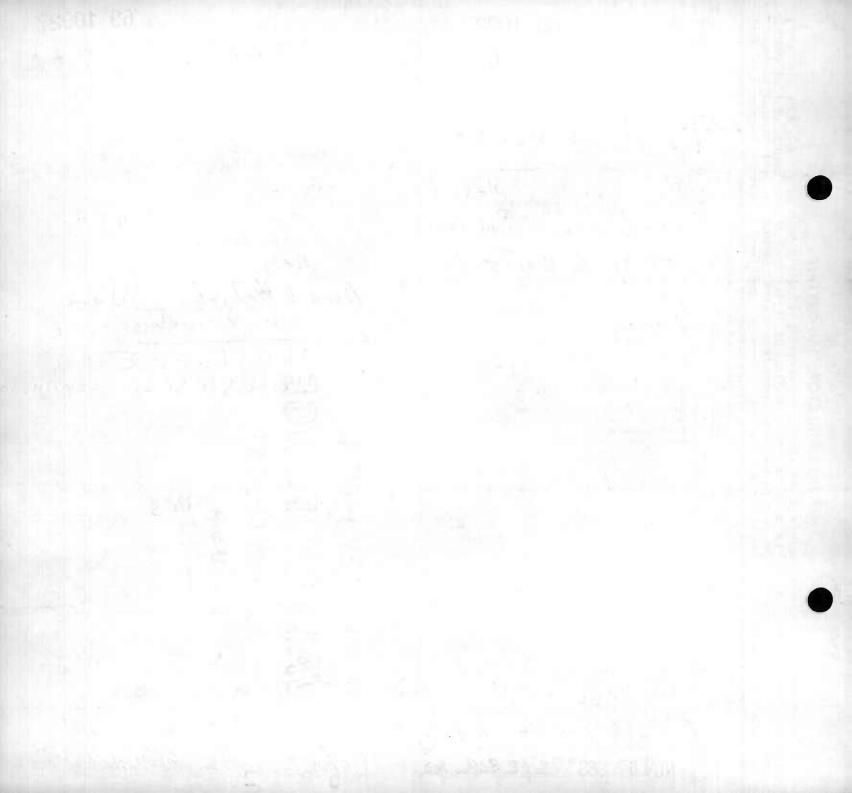
entron per 161 in Suns on America (S.S. M. 1815)

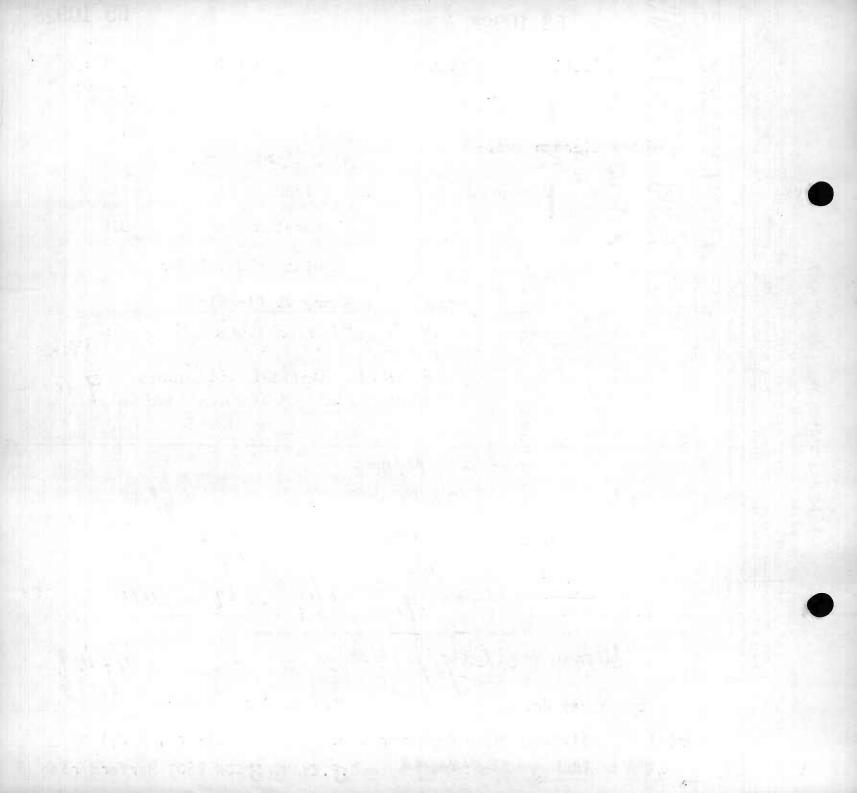
non-instruction in the Interval of Signature
00.10		Y HEALTH DEPARTMENT		69 10926		
BIRTH NO. 69 10	926 CERTIFICA	TE OF DEATH	REG. NO	09 10950		
I.NAME OF DECEASED			D HOUR OF DEATH	1		
Type or Print) Charles Wilbu	ır Benson	Nov	.2,1969	17 P.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived, If	institution: residence before odmissi		
			"	2/11		
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN	ID IN	SIDE CITY LIMITS?		
NSTITUTION		Baltimore	0. 114	YES IN NO		
University Hospital		E. STREET AND NUMBER		1634		
curversity mospicar		1109 Carro	17 9+			
SEX 6. RACE 7. AAA	naire Chiavan Managan C		9. AGE (In years	If Under 1 Yr. , If Under 24 I		
mai	RRIED NEVER MARRIED		lost birthdoy)	Months Doys Hours Min		
male white wind of work 108, KII	DIVORCED DIVORCED	Feb.26,1899	70 yrs.	12. CITIZEN OF WHAT COUN		
one during most of working life, even if retired)	AD OL SOSINESS OF INDOSIK	11. SIKINFLACE (Stote of lotes	gn country)	12. CHIZEN OF WHAT COON		
llenk Car	ton Railroad	Co. Balto. Md.		U.S.A.		
llerk Car 3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE			
John E. Benson		Jessie M.	Gook			
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	00012	ADDRESS		
(es, no or unknown) (If yes, give wor or dotes of se	rvice) SECURITY NO.		14 770			
yes World War I		6 Lillian Sul	Livan IIO			
18.410.91	CAUSE OF DEAT	Н	0	BETWEEN ONSET AND DE		
DISEASE OR CONDITION DIRECTLY		Coronary T.	humbers	1 da		
LEADING TO DEATH	(A) IMMEDIATE CA	USE &				
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,						
injury or complication which coused death.)	A . 10	5-le T. P 1	1. 18	Sur		
ANTECEDENT CAUSES	(8) alline	Schertie Cander VA	sculps N loc	del 1		
DISEASES ON CONDITIONS, It day, giving						
rise to the obove cause (A) stating UNDERLYING CONDITION last.	(C)					
11	\~/					
OTHER SIGNIFICANT CONDITIONS CONTRIBU						
TO THE DEATH BUT NOT RELATED TO THE TERM						
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED AUSES OF DEATH?		
WAS PERFORMED	,		IN CERTIFIING C	MOJES OF DEMIN!		
OP CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21C. WHERE DID	(If in Boltim	ore City, give exoct location)		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	Since biogo, invokt OCCOR:				
21D-TIME (Month) (Doy) (Year) (Hour	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
OF INJURY	While At Not Whi					
(APPROX.)	Work L At Work		let at			
22. I certify that (I) (this haspital) attended the deceased fram 10/10 19 4 to 11/2						
that (1) (we) last saw the deceased aliv-	e an 11/2/69	19and the	at In (my) (aur) as	plnian death accurred on the		
and have and from the causes stated abo		view the bady after death.				
23A. SIGNATURE						
	had An	ending Med.	Staff	11/4/69		
23C. PHYSICIANS MAME (Type) VESERGE (LANK & LTCS)	DEGREE Ph	ys. Director 123D, ADDRESS	Phys.	11/1101		
MAME (Type)			(111	But 1		
VESEPH G.LAWKALTIS	MD DEGREE	679 Washingt	m 13hd	Belenne Mil		
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CE		OCATION	City, town, or county) (Sto		
Panis 77 /6/60	Loudon Park C	emotent From	deniele Ass	o Rolto Ma		
SA. DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	TISO NO	ross Stadoress		
NOV 6 1969 Page 8	Jaber, M.D.	SCHWEINSBERG		SERVICE		
		The state of the s	L. C. 11 V. FT, PY 303			
S 150_DEV 1/1/48	> 6 9 0 1)	0 8 9 1	- a Dr. Late bright	DESTI LIB		



W-329	BIRTH NO. M.E. CASE NO. 69 10927 CERTIFICATE OF DEATH Registered No. 69 10927
pital and of death Deceased ce on the ath. Such	1. NAME OF DECEASED (Type of Print) 2. DATE AND HOUR OF DEATH (Type of Print) 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY
hosi use ; (5) danc	FULL NAME OF HOSPITAL OR oddiess or location of the street oddies or location oddies of the street oddies oddie
ning cau	Mary Cary Ceneral D. STREET ADDRESS (If turol, give location) 2704 Garnet Rd.
occur ontrik ermir regul	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) ARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors Window) Months: Doys Hours Min. 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foleign country) 12. CITIZEN OF
	done during most of working title, even it retired) ON OU COR RAIL ROAD 14. MOTHER'S MAIDEN NAME
ssistant if the direc / kind; (4) death w nnce on th	Henry (Weitzeller Teller MAZY 15. Was Deceased Evyl in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
IMPO or his a Also, if e of any ounced attenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g.,
cal examiner of examiner of examiner. s; (3) A fracturian who proning in regular of embalins are embali	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving
AL nedicedice ourn nysice emo	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
FUNE he chief l by a (2) Body re the physici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING. CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect locotion)
oved by hospi nature cept w id (6) P	DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) Not White At Not White At Work
appropriate to the off any all (ex h); are be object.	22. I certify that (I) (this hospital) attended the deceased fram. 10/15 19/6 to 19/6 , that (V) (we) last sow the deceased alive an 19/6 and that in(my) (our) opinion death accurred an the date and hour and fram the causes stated above. (I) (We) (did) (dtd not) view the bady ofter death.
mus elea ccide to d	23A. SIGNATURE 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS
dy we (1) Au O.A.	MICHAEL CENTROL & MIN.D. & LINCOLUMN COUNTY CALL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (Sity, town, or county) (Stote) DURIN L 11-5-69 DULANCE, VALLE, DALLO MA
This certhe bod shows: was D.C decease	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRARY 25C. FUNERAL DIRICTOR (NOV 6 1969 Pale & E. Jale M.D. VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT





R-240

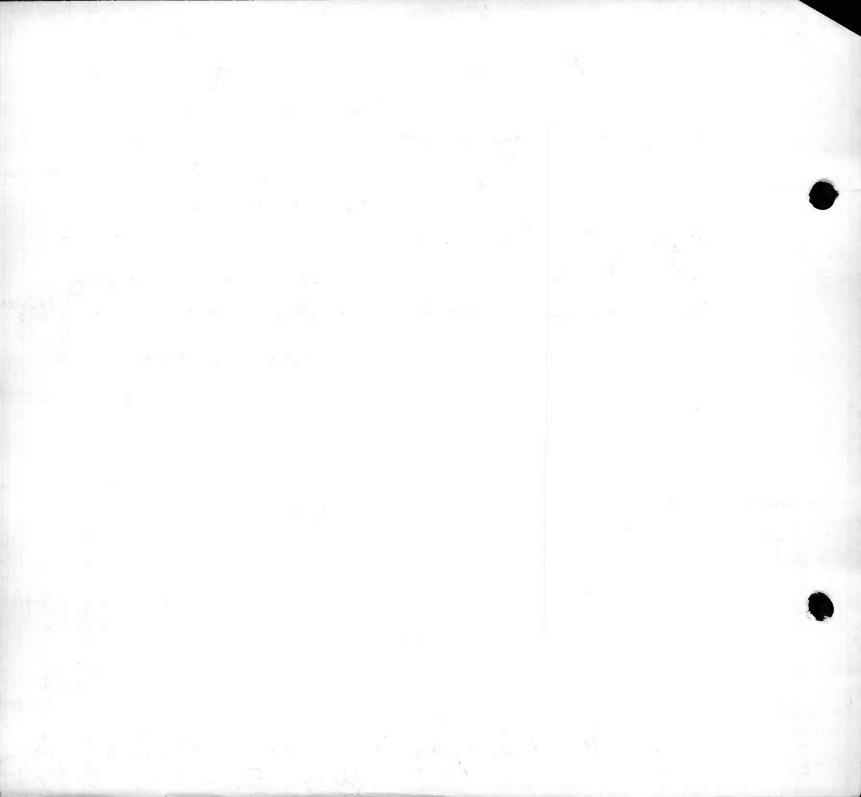
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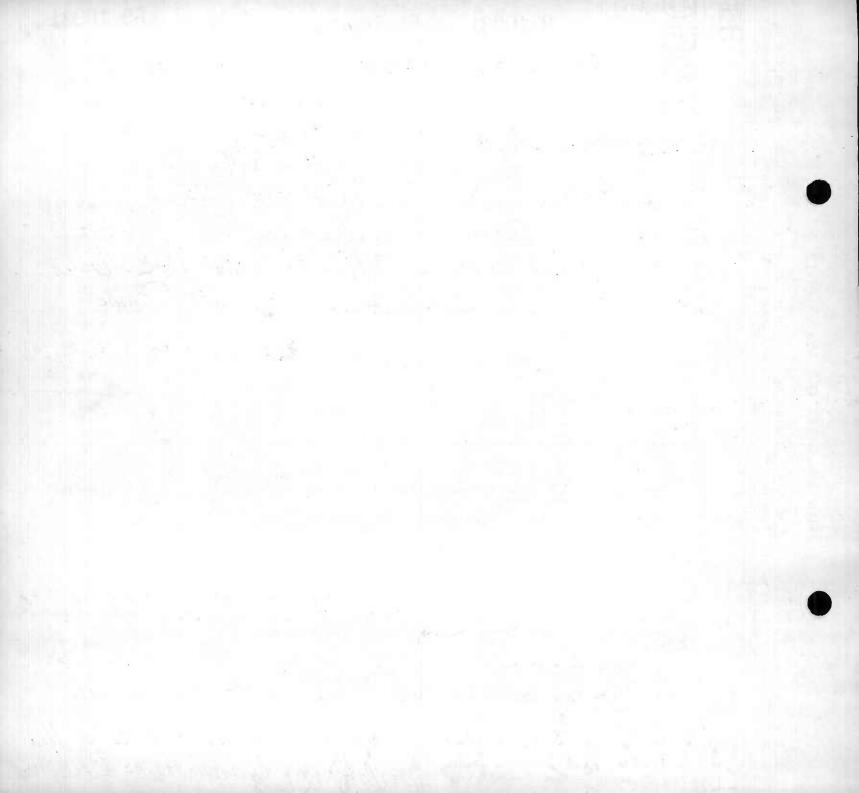
death.

	69 10929 CEDTIEICA	TE OF DEATH REG. NO. 69 10929					
	I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
	(Type or Print) MYRTLE M. RUSSELL	11/2/69 1215 Pm					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE/(Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY					
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	BALTIMORE, MARYLAND. 1348					
	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	44 Union Memorial Hospital	E. STREET AND NUMBER					
3		1208 W. 42 ND. ST, Forme 11					
	6. RACE WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr. II Under 24 Hrs. Months; Deys Hous; Min.					
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?					
	done during most of working life, even il retired) Housewile	MARYLAND					
	JAMES M. SMITHE	14. MOTHER'S MAIDEN NAME					
		UNKNOWN Eleanora Frazer					
	5. Was Deceased Ever in U. S. Armod Farces? Yes, no or unknown) (II yes, give wor ar doles al service) SECURITY NO.	17. INFORMANT ADDRESS ADDRESS ADDRESS ADDRESS					
	216-10-02410 18, / 2 = 1	MRS. ELEANORA SELLERS 1208 W 42 NO STI					
	DISEASE OF CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	LEADING TO DEATH						
	(This does not mean the mode of dying, e.g., heort failure, osthenia, etc. It means the disease, injury or complication which caused doath.)						
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. (B) Pulmonary edema. DUE TO, OR AS A CONSEQUENCE OF: (C) Cerebral witerwselebases and Parkins aruses.						
	rise to the obove cause (A) stating the UNDERLYING CONDITION last.	arteriosclesoses and Parkinsonism,					
	II .						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),						
	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?					
1	OR CONTRIBUTINO CAUSE OF homo, form, foctory, street, off plant (notify medicol examined)	or about 21 C. WHERE DID (If in Bollimore City, give exact location)					
	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED (APPROX.) White At Not While	21F. HOW DID INJURY OCCUR?					
	Work At Work						
	22. I certify that (I) (this hospital) ettended the deceased from 18/30 19 69 to 11/2 19 69 that (I) (we) last saw the deceased alive an 11/1 19 69 and that in the course death accurred as the deceased of the deceased alive an 11/1 19 69 and that in the course death accurred as the deceased of the dec						
	and hour and from the causes stated above. (i) (a) (did not) view the body after deoth.						
	23A. SIGNATURE	23B DATE SIGNED					
	alten	Director Phys. A.					
	DR ANNE L LEDDY THE	UNION MEMORIAL HOSPITAL					
2	4A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREME	WATORY 24D. LOCATION (City, town, or county) (Stote)					
	Burial 11-5-69 Baltimore Come	teru Baltimore Maruland-					
	SA. DAT NOV 6 HE 1969 EPT BOSE EN MANGO FEGISTRAR	John G. Miller Inc-6415 Belair Rd21206					

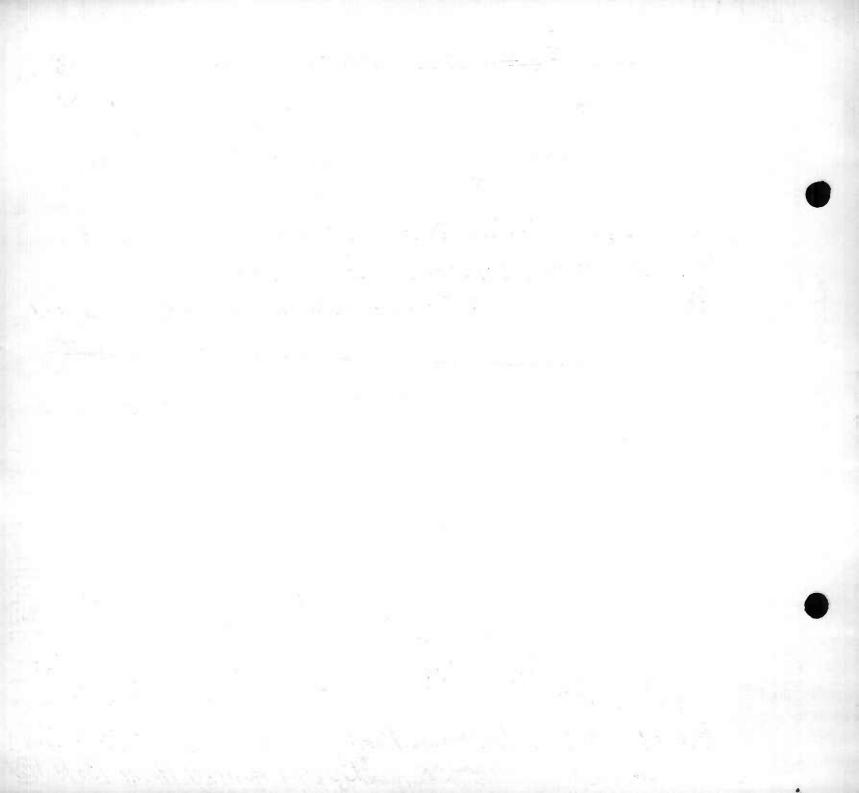
TO ALLE LIETURE SET TO THE PROPERTY OF THE PRO

	BALTIMORE CITY HEALTH DEPARTMENT
BII	RTH NO. 69 10930 CERTIFICATE OF DEATH REG. NO. 69 10930
	NAME OF DECEASED Print 2 DATE AND HOUR OF DEATH 00
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	A. STATE B. COUNTY
H	JIL NAME OF OSPITAL OF INFO IN HOSPITAL OF INSTITUTION, GIVE STREET OSPITAL OF ADDRESS OF LOCATION) OSPITAL OF OSPITAL OF INSTITUTION OF STREET OSPITAL OF INSTITUTION OF
	Mary and General Hospital Baltimore YES NO
	E. STREET AND NUMBER AND NUMBER
5.	SEX 6. RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years ost birthday) Months; Doys Hours; Min.
104	WIDOWED DIVORCED 1/3 021/4 1913 5 6.
don	ne during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stote or foreign country)
13.	FATHER'S NAME
(Otto Becker Annue Marc Heading
5. Ye	Was Deceased Ever In U. S. Armed Forces? snoy or unknown) [If yes, give wor or dotes of service) SECURITY NO.
	Yes WW II 214033219 Allen Becker 194 Bower St -108/13
	18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH
	(This does not meon the made of dying, e.g., heoit laitue, asthenia, etc. It means the disease,
	injury ar camplication which caused death.)
	DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
	Third is no contact of the contact o
	CO
NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
ICATI	DISEASE OR CONDITION GIVEN IN PART 1 (A).
CERTIFIC	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
	2TA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR?
S	DEATH (nohly medical examine) etc.)
MEDI	OF INJURY While AI Not While
	Work L Al Work L
- 1	10.6
	and haur and from the couses stated above. (1) (We) (did) (#Hd nat) view the body after deoth.
	23A. SIGNATURE 23B. DATE SIGNED
	Attending Med. Short 103/69
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
24 A	DEGREE DEGREE
7	BEMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)
25A	JUK12 1 1-69 1 2Mey 1/2/leg 1/1em, Collegs VIIIe, By 140 0 PMG
	NUV 0 1969 JOSEPH MAME OF REGISTRAL D. 1259 JUNERAL DIRECTOR ADDRESS
5	150-REV. 1/1/68





5-160	BALTIMORE CITY HEALTH DEPARTMENT
She that	BIRTH NO. 69 10932 CERTIFICATE OF DEATH REG. NO. 69 10932
of death Of death Deceased e on the	1. NAME OF DECEASED (Type or Print), HOLCES E. SHAFFER
of of the	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
hosi Use (5) anc dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION A STATE B. COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS?
ing care	SINAT HOSP. E. STREET AND NUMBER RO (AND) A
th occurre contribut letermined in regular eceased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.
determing in receding in receding in receding in the constant	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Male or foreign country) 12. CITIZEN OF WHAT COUNTRY?
deat or Unde as ir e de	Policeman Police Dept Mary 2nd USA
T ÷ S → A + S od Si	Theodore Hanza SHaffen Grace Bull
assistant if the di ny kind; d death ance on	15. Was Deceased Ever in U. S. Armed Farces? (Young or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 215 401694 Ruth Shaffer 3509 Roland 441
S s s s s s s s s s s s s s s s s s s s	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A: Ature	(This does not mean the made of dying, e.g., heart faiture, asthenia, etc. It means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
A fr	DISEASES OR CONDITIONS, if any, giving (B) OUE TO, OR AS A CONSEQUENCE OF:
₩ Page Siring	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING E TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIDISEASE OR CONDITION GIVEN IN PART 1 (A).
Sic od od	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
heital	OR CONTRIBUTING CAUSE OF home, forciory, street, office bidgs, INJURY OCCUR?
De de constant de	21D.TIME (Manth! (Doy) (Yeor) (Hour) 21E thjury occurred OF INJURY (APPROX.) While At Not While At Not Work
8 = E @ 0 0	22. 1 certify that (1) (this hospital) attended the deceosed fram 15/3/68 19 ta 1/3/19
970957	that (1) (we) lost sow the deceased alive on
ust be a cased to ident of hospital death)	23A. SIGNATURE 23B. DATE SIGNED
52:: 0-	23C. PHYSICIAN'S Attending Med. Staff Director Phys. Director Phys. 23D. ADDRESS
ficate was r A. at a prior	M. LEVIN M. Juni Horh Balling
This certificate n the body was re shows: (1) An acc was B.O.A. at a deceased prior t	DUV12 11-6-69 LONIAINC PARK 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or equity) (State) (State)
This certhe bods shows: was D. deceas	NOV 6 1969 Profest E. Jaber, M.D. 256. FUNERAL DIRECTOR ADDRESS / What
	VS 150-REV. 1/1/68

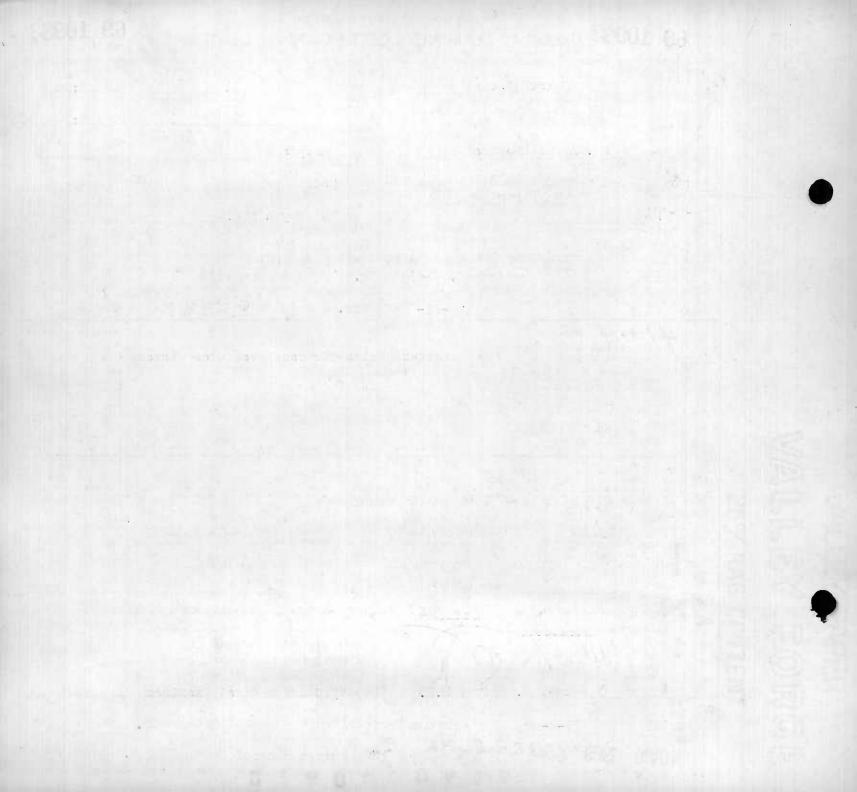


BALTIMORE CITY HEALTH DEPARTMENT

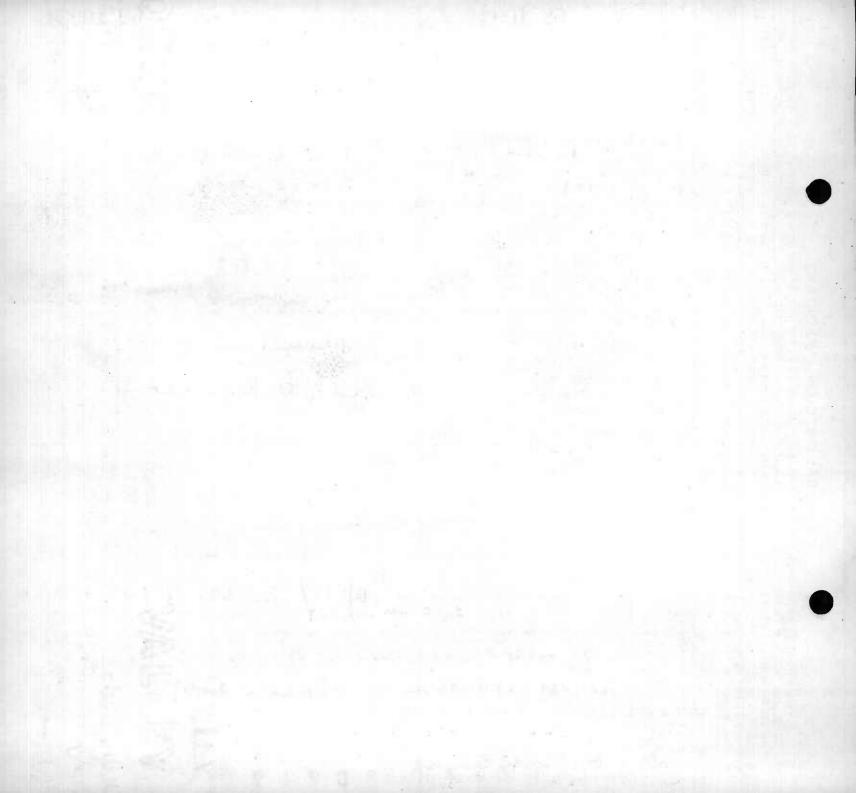
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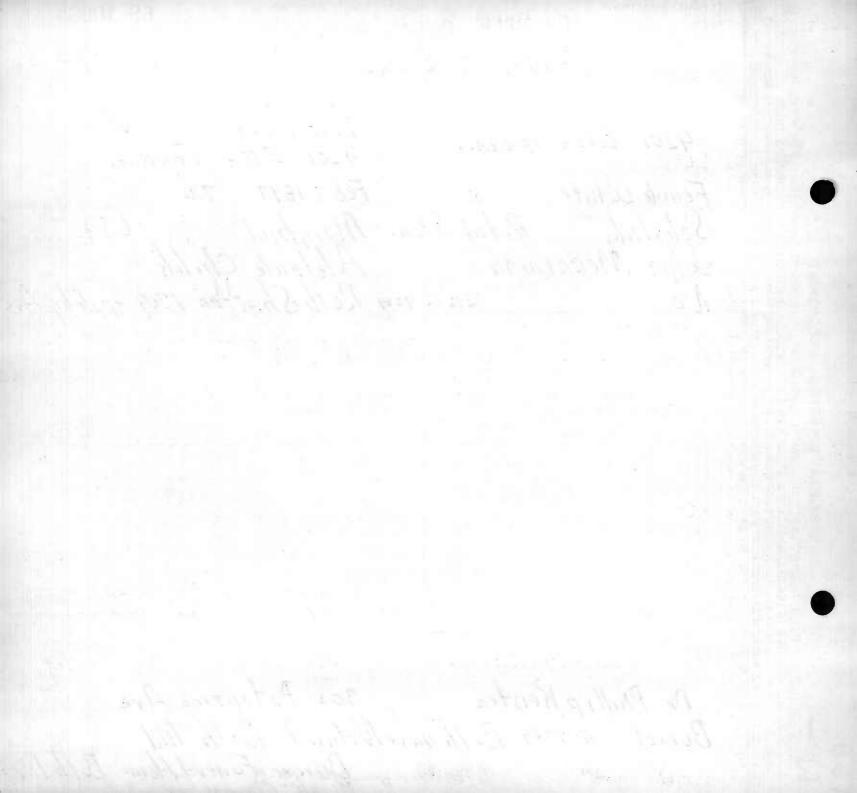
BIRTH NO.	Toooc	MEL	JICAI	. E/	KAMINER 5	EK I IF	ICATE	Or	DEAT	REG. NO			-		
1. NAME OF DECEASED							Known	R	Manth	Day	Year	Hour			
(Type or Print) Gerald Burnside						OF DEATH	Estimo	ted 🗆	11	3	69	9:50	р M.		
4. PLACE IN	BALTIMORE, MA	RYLAND, V	WHERE P	RONG	DUNCED DEAD	3. DATE			Month	Doy	Yeor	Haur			
HOSPITAL	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION OR INSTITUTION						PESIDENCE		11	3 ved. If institution	69	9:50			
40 St. Agnes Hospital						A. STATE	Maryl	,	deceased ii	B. COUNTY	20	37	3,411		
6. SEX 7. RACE B. MARRIED NEVER MARRIED							C. CITY OR TOWN D. INSIDE CITY LIMITS?								
male colored WIDOWED DIVORCED							Baltim	ore		YE	sX r	10 O			
9. DATE OF BIRTH 10. AGE (In years lost birthday) 11. Months i Days Hours Min.							AND NUM								
	E(State or foreig		51	12.6	ITIZEN OF		401 GW	ynn A	Ave.						
					VHALCOUNTRY?			مام							
	h Caroli		IAR VINI	OF	USA BUSINESS OR INDUSTRY	4	Burnsi		A.E.						
	tof working life, ev				n S. Radiato	Co.			enders	on					
	ASED EVER IN	U.S. ARME			17 SOCIAL	18. INFO		-20 110	0110010		DRESS				
	own) (If yes, give				220-05-7947	1		dine	Harris	on 3404		Road			
19.	12.4		14.5		CAUSE OF DEA	тH						PROXIMATE IN			
DISI	ASE OR COND	ITION DIRE	CTLV									LIV ONULY A	TO DEATH		
	LEADING TO				Arterios (A) IMMEDIATE C	clero	tic ca	rdiov	rascul	ar disea	se				
(This doe	es nat mean the lure, osthenia, etc	mode of dy	ylng, e.g., e disease.		DUE TO, OR A	S A CONSE	QUENCE OF	F:							
injury or	camplication whi	ch caused de	oth.)												
	ANTECEDENT	CAUSES			/p)			**							
	ES OR CONDITI	ONS, IF AN			(B) DUE TO, OR	AS A CONS	EQUENCE C	OF:					,		
UNDER	THE ABOVE CA LYING CONDIT		IING IH		(C)										
Ó		II			(0)										
O TO THE	IGNIFICANT COI DEATH BUT NOT OR CONDITION	NDITIONS C	THE TERM	AINAL			100 50 000 1 000 A			~~~~					
20A. DATE					WHICH OPERATION WA	AS PERFOR	MED				21. AUTO	PSY? (Yes o	r No)		
2						no									
	TERNAL CAUSE			22B. I	PLACE OF INJURY (e.g.,	in or about	22C. WHER	RE DID (If in Baltimo	re City, give exo					
S OMDEKTA	CAUSE OF DEA			hame	e, farm, factory, street, affic	e bldg., etc.)	INJURY OF	CCURP							
≥ 22D. TIM	E (Month) (I	Ooy) (Yeo	r) (Hou	r) 2	2E.INJURY OCCURRED		22F. HOW	DID IN	URY OCC	UR?					
(APPROX.)				m. V	VHILE AT NOT	WHILE ORK									
23.															
1	ertify that I h	eld on I	nquiry		Inspection X Au	topsy L	ond th	at an th	is basis,	deoth in my	opinlon				
re	sulted from: <u>N</u>	latural cou	ses X	A	cciden Sukcid	e 🗌 1	lomicide [1	Jndetermi	ned manner					
	[11]	0 . 0	1	71	M. I		CHIEF ME	DICAL E	XAMINER			DATE SIGN	NED		
SIGN	ATURE_UU	my	n	(1	, M.D	AS:	SISTANT ME	EDICALE	XAMINER			DATE SION	120		
EXA	AINER'S			1			OCIATE ME	EDICAL E	XAMINER						
	E (Type)		U.		tz. M.D.					Examiner		1/4/6			
24A. BURIAL C		24B. DATE		24	C. NAME of CEMETERY				LOCATION		, or county)		le)		
Buria	ıl	11-7-	69		Arbutus Mem				altim		J •	Md.			
	C'D BY HEALTH	DEPT	25B 1	ME	BEL, ASPAR		FUNERAL				DDRESS	.1 .			
NO'	V 6 196	9 166	ما د	400		N	utter	Funer	al Ho	me 3035	W. No	orth A	V€		
VS 151-REV. I/	1/68		1	1	1900	0 8	0	1							

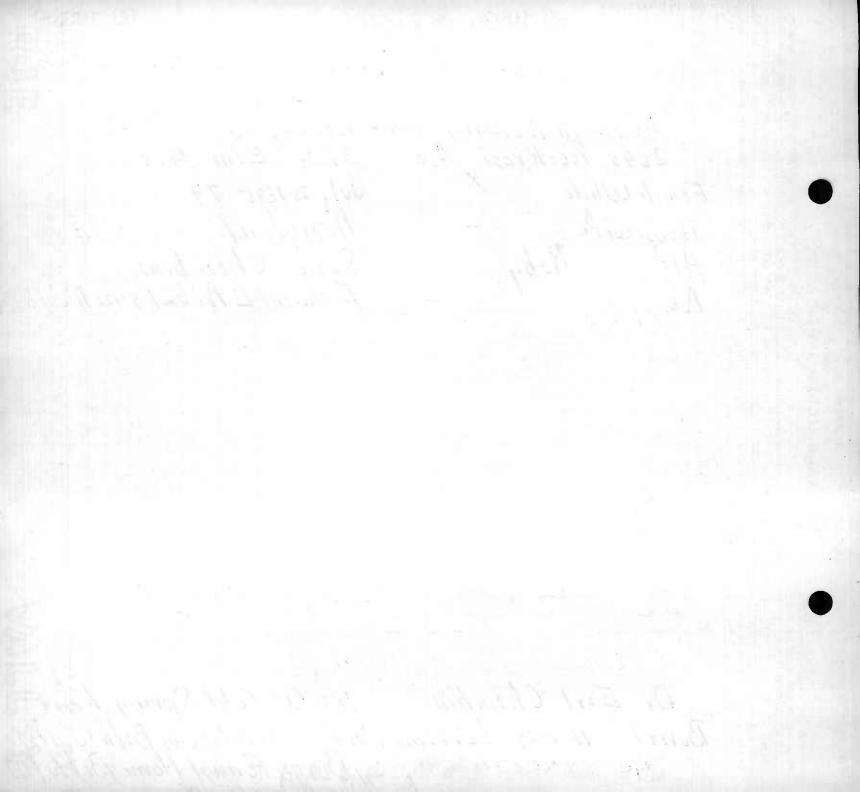


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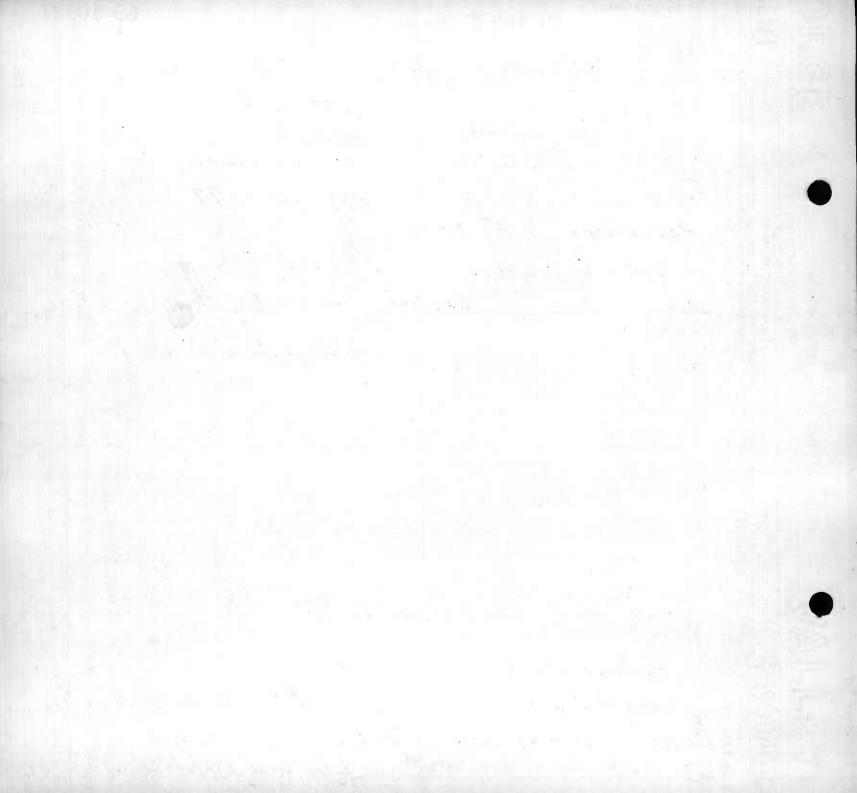


6 - 1	BALTIMORE CITY HEALTH DEPARTMENT 69 10935	
1-350	BIRTH NO. 69 10935 CERTIFICATE OF DEATH	
of death Oeceased on the	(Type or Print) ANNA P. Stone 2. Date and Hour of DEATH (Type or Print) ANNA P. Stone 2. Date and Hour of DEATH (Type or Print)) м.
of of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss A. STATE B. COUNTY	sion)
hospit ise of (5) De ance death	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?	
a h cau ise; ende		
ed in ting d cau r atte	4201 Elsa Terrace Estreet AND NUMBER 4201 Elsa Terrace	
- D - D	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Months; Doys Hours; M	Hrs.
occur ontrib regul	THE WIDOWED DIVORCED FEB 3 1897 72 12. CITIZEN OF WHAT COU	NTRY?
or c ndet s in dec		
if d way	13. FATHER'S NAME	
dir.	15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL 17. INFORMANT ADDRESS	
IMPORTAN or his assistant Also, if the di s of any kind; ounced death	(Yearno Grunknown) (It yes, give wor or doles of service) SECURITY NO. 21612 9269 Ruth Shafter 1309 Appleha	AVE
POP if any ced	18. 4 2 1 CAUSE OF DEATH	VAL DEATH
MF his	LEADING TO DEATH	
0 7 2 5 0 3	(This daes not mean the made of dying, e.g., DUETO, OR AS A CONSEQUENCE OF: /	
OR iner ract	ANTECEDENT CAUSES Les mentination	
Kam A fr	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR S A CONSEQUENCE OF:	
DIRECTOR: ical examiner al examiner. is; (3) A fractu cian who pro	LINDER VING CONDITION led	
- O E 2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ef me med dy bu	TO THE DEATH BUT NOT RELATED TO THE TERMINAL CONTINUE OF CONDITION GIVEN IN PART 1 (A).	
UNERAL chief mec by a medi body bur the phys	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
T 54 4 5 0	218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) or CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
\$ = 0 3 Z	DEATH (notity medical examiner) etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
60 + c	OF INJURY While At Not While	
o sy x u	22. 1 certify that (1) (this haspital) attended the deceased fram Cook / 1960 to 1960	9
d + b	that (1) (45) last saw the deceased alive an 1/1 1969 and that in (my) (44) apinian death accurred an the	date
007	and have and from the causes stated abave. (1) (We) (did nat) view the bady after death. 23A. SIGNATURE	
lea ide hos	Philips Kuster M. D Attending Med. Director Director Phys 1/5/69	
9 - 5 - 5	DINAME (TOP) // D Koisten 302 Potansico Aug	
Mar and Market		tote)
cer bod ws: D.G	1311V12/ 11-5-69 132/te maye 1/2711112/ 132/to 1/1/	
This certif the body shows: (1) was D.O	NOV 6 1969 Red E Jack H. BINGRE FUNEVAL COME BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BY HEALTH DEPT. 25C. FUNERAL DIRECTOR BY HEALTH DIREC	no
	VS 150-REV. 1/1/68	





BALTIMORE CITY HEALTH DEPARTMENT 10937 REG. NO CERTIFICATE OF DEATH of death Deceased BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) hospital RESIDENCE (Where deceased lived.
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND. WHERE PRONOUNCED DEAD ance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR D. INSIDE CITY LIMITS? canse; YES 1 NO STREET AND NUMBER prior contributing Undetermined made. ar If Under 1 Yr. 9. AGE (In years If Under 24 Hrs. 7- MARRIED NEVER MARRIED eceased last birthday Hours DIVORCED WIDOWED 12. CITIZEN OF WHAT COUNTRY? disposition OUSEWIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4 IMPORTANT You was Deceased Ever in U. S. Armed Forces?
(Yes, no of Unknown) (If yes, give war or dates of service) LO ADDRESS eat final SECURITY NO. attendance OF DEATH APPROXIMATE INTERVAL 9 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl foilure, asthenia, etc. It means the disease, DIRECTOR: gular injury at camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if ony, giving to the above cause (A) sloting the UNDERLYING CONDITION last. before the remains physicia MOS 11 FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTORSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218, PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exoct location) hospital ô MEDICAL DEATH (notify medical exominer) obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from 27 Chm that (I) (we) last saw the deceased alive an ...and that in (my) (our) apinian death accurred an the date hospital death) and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. must 23 B. DATE SIGNED 23A. SIGNATURI Attending 🔀 Staff 0 written approval Phys. Director Phys. 0 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) at GEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) deceased SD the 3 VS 150-REV. 1/1/68



-524	BALTIMORE CITY HEALTH DEPARTMENT
and eath ased the Such	BIRTH NO. 69 10938 CERTIFICATE OF DEATH REG. NO. 69 10938
	1. NAME OF DECEASED (Type or Print) CZINCILIA FRANCES MARY 2. DATE AND HOUR OF DEATH 11/01/69 8:15AM M.
÷ 60 ° ÷	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
hos (5) an de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) [INSTITUTION] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [INSTITUTION] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [INSTITUTION] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN] [IF NOT IN HOSPITAL OR INSTITUTION C. CITY OR TOWN] [IF NOT IN HOSPITAL OR IN HOSPITAL OR INSTITUTION C. CITY OR TOWN] [IF NOT IN HOSPITAL OR IN HOSPITAL OR INSTITUTION C. CITY OR TOWN] [IF NOT IN HOSPITAL OR IN HOSPITAL OR INSTITUTION C. CITY OR TOWN] [IF NOT IN HOSPITAL OR IN HOSPITAL OR INSTITUTION C
d cau	ST AGNES HOSPITAL CATON & WILKENS AVENUE BALTIMORE, MARYLAND 21229 3706 CHESHOLM ROAD
is mad	
	FEMALE WHITE WIDOWED DIVORCED 06/15/99 INDIVERSE OF INDIV
	MACHINE OPERATOR Paul Distillery VIRGINIA USA
	MICHAEL O'NEIL FRANCES MARSH
	15. Was Deceased Ever in U. S. Armed Forces? (Yes,no ar unknown) (If yes, give war or doles of service) 16. SOCIAL SECURITY NO. 219 10 3387 ST AGNES HOSP CATON & WILKENS AVE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not meen the made of dying, e.g., hearl failure, asthenia, elc., il means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ise to the abave cause (A) stoling the UNDERLYING CONDITION last. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF: (B) Atherosc (croft) (C) Or AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (C) Diabet St.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION NO 19B. CONDITION WAS PERFORMED NO 19B. CONDITION OF THE PROPERTY OF
	OR CONTRIBUTING CAUSE OF hame, form, fociory, street, office bldg., INJURY OCCUR?
	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work
	22. I certify that (M (this hospital) attended the deceased from 10/1/69 19 to 11/01/69 19 that (M (we) last saw the deceased place on 11/01/69 19 and that in (m) (our) opinion death occurred on the date
	and hour and from the causes systed above. (1) (We) (did) (No. 201) view the body after death.
	23A. SIGNATURE 23B. DATE SIGNED
	Attending Med. Stoff St 11/01/69
	23C-PHYSICIAN'S NAME (Type) 23D. ADDRESS
	SALVADOR OUIROZ M.D. ST AGNES HOSP CATON & WILKENS AVE 21229
	24A. SURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
	Burial Nov.4,1969 Lorraine Park Cemetery Baltimore, Maryland
	NOV 6 1969 Tobal E. Jackson C. Truman Schwab 3512 Frederick ave., Baltimore, Md
	VS 150-REV, 1/1/68

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hospital

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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APPROXIMATE INTERVAL

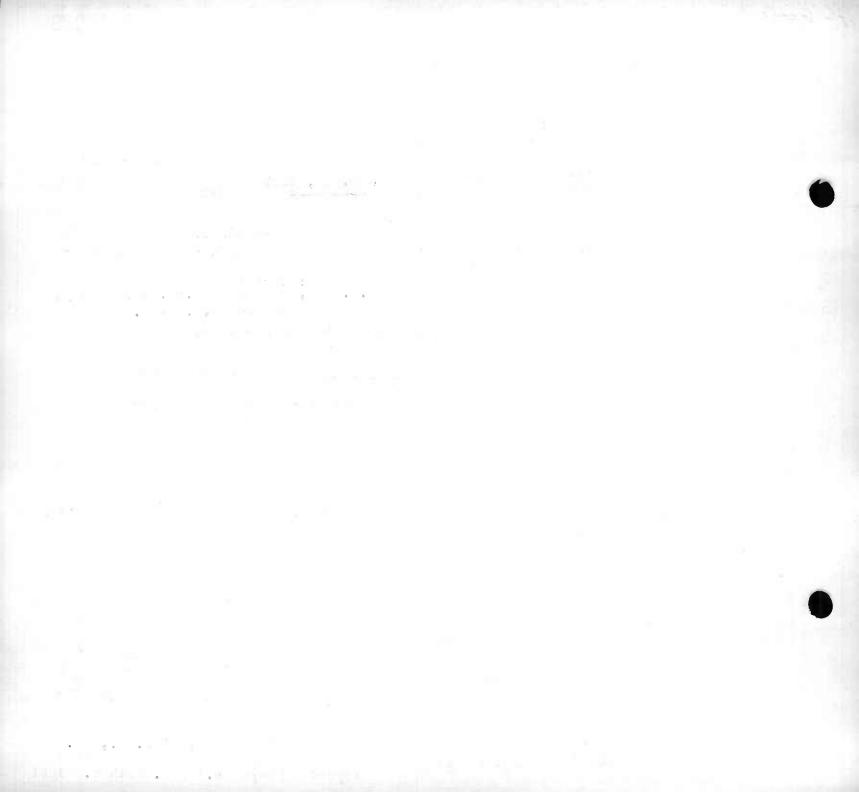
BETWEEN ONSET AND DEATH

UNKODUN

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ADDRESS

Rd



1-35-1	00 40040	BALTIMORE CITY HEAL	TH DEPARTMENT		60 40040
BIRTH NO.	69 10940	CERTIFICATE	OF DEATH	REG. NO.	69 10940
Type MULHOLLAND	SISTER ANNA MARIE		NOVE	MBER 3, 1	969 7:05 A. M.
	ARYLAND, WHERE PRONOUNC	IIA. ST	UAL RESIDENCE IWhe	ne deceased lived. II in	nstitution residence before admission)
FULL NAME OF LOUIF NO HOSPITAL OR ADDRE	SPITAL OR INSTITUTION	N. GIVE STREET	ARYLAND		2831
INZHIDION	ATON AVENUES	110.01	Y OR TOWN ALT I MORE	D. INS	YES XX NO
140	THOIL THE ENGLO	E. ST	REET AND NUMBER		LES VV NO [
	IARYLAND 21229	6	400 WABASH	AVENUE	
FEMALE WHIT	WIDOWED	DIVORCED AU	g . 27 08	9. AGE (in years lost birthdoy) 71	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, ex	re kind of work 108, KIND OF BUS	INESS OR INDUSTRY 11. BII	THPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
RELIGIOUS	RELIGI	OUS P	ENNSYLVANI	A	USA
13. FATHER'S NAME	1101 1 4115	and the second second	OTHER'S MAIDEN NA		
FRANCIS MUL			DURNEY) MA	RGARET	DEC 'D
15. Was Deceased Ever In U. S IYes, no or unknown) (If yes, give	wor or dotes of service)	SECURITY NO.			LTIMOREMEND 21229 LKENS & CATON AVE
18. 157.0		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CON LEADING 1		Carcin	I. on more	1.000	BEI WEEK ONSET AND BEATH
(This does not meon the	e mode of dying, e.g.,	(A) IMMEDIATE CAUSE DUE TO, OR AS A CONS	EQUENCE OF:	man of	***************************************
heart laiture, asthenia, et injury ar complication wh	2. It means the disease, nich caused death.)	pancia	où mes	astasis	
ANTECEDEN		(8)			
DISEASES OR CONDIT	IONS, if any, giving	(B) DUE TO, OR AS A CON	SEQUENCE OF:		***************************************
UNDERLYING CONDITION		(c)	***********************		
z II					
O OTHER SIGNIFICANT COND TO THE DEATH BUT NOT R	ELATED TO THE TERMINAL	***************************************			
	19B. CONDITION FOR WHICH WAS PERFORMED	H OPERATION 207	-AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
19A. DATE OF OPERATION 21A. ACCIDENT WAS UNI	11272411		NO	IN CERTIFYING CA	USES OF DEATH?
OP CONTRIBUTING TO CAL	JSE OF 21B, PLAC	CE OF INJURY (e.g., in or obo rm, foctory, street, office bld	UI 21 C. WHERE DID	(It in Baltimor	e City, give exoct locotion)
DEATH (notify medical exer					
OF INJURY (APPROX.)	(Yeo) (Hous) 21E INJU	Not While	21F. HOW DID INJ	URY OCCUR?	
	AAOIK		DED. O		
	s hospital) attended the de				EMBER 3, 1969
	ne deceased alive on NOV	EMBER 3,	yand the	at in (m)() (our) opin	nion death occurred on the date
23A ₄ SIGNATURE	auses stated above. (N) (We	o) (ald) (\$15K 1)614 view the	body ofter death.		238. DATE SIGNED
101)	TA orlange	Attending	Med.	Shaff	
23C. PHYSICIAN'S NAME (Type)		DEGREE Phys. L	- Director and	rnys	11/3/69
	TTA, M.D.				IMORE MD 21229
24A. BURIAL CREMATION, 24 REMOVAL (Specily)		DEGREE S I	AGNES HOSP		ENS & CATON AVE
	1/ 5 /69 St. J	Toseph's Cemet	erv Em	mitsburg,	Maryland
25A. DATE REC'D BY HEALTH	DEPT. 25B. NAME OF RE	GISTRAR 250	FUNERAL DIRECTOR		ADDRESS
NOV 6 19	169 Pales E. Fall	See M.D. ? Bt	egart & Mov	cen Co.108	W.North Av. 21201
VS 150-REV. 1/1/68					

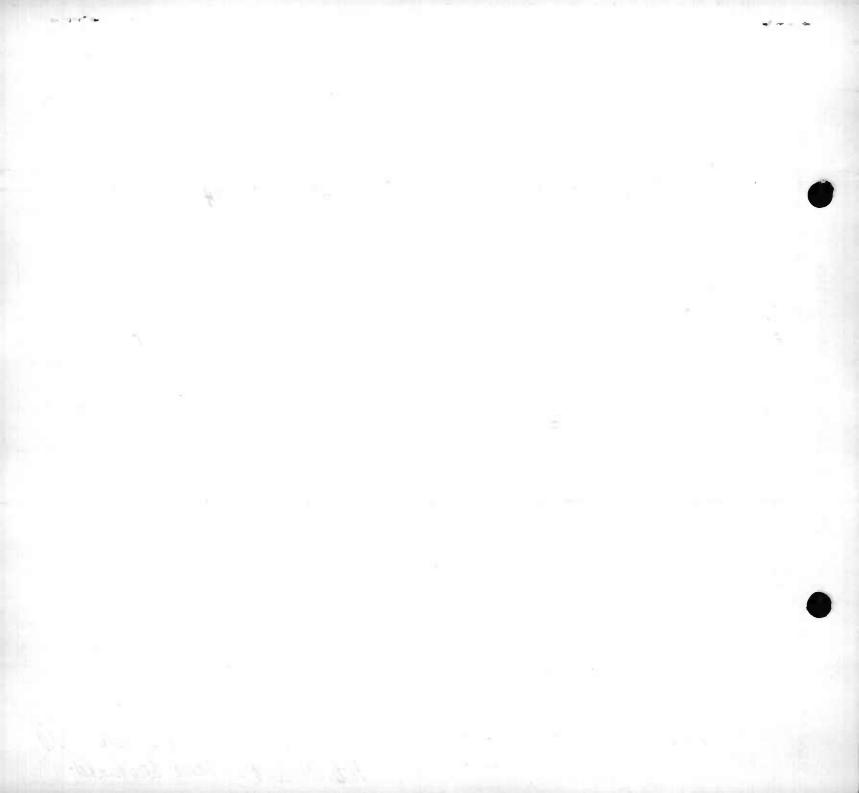
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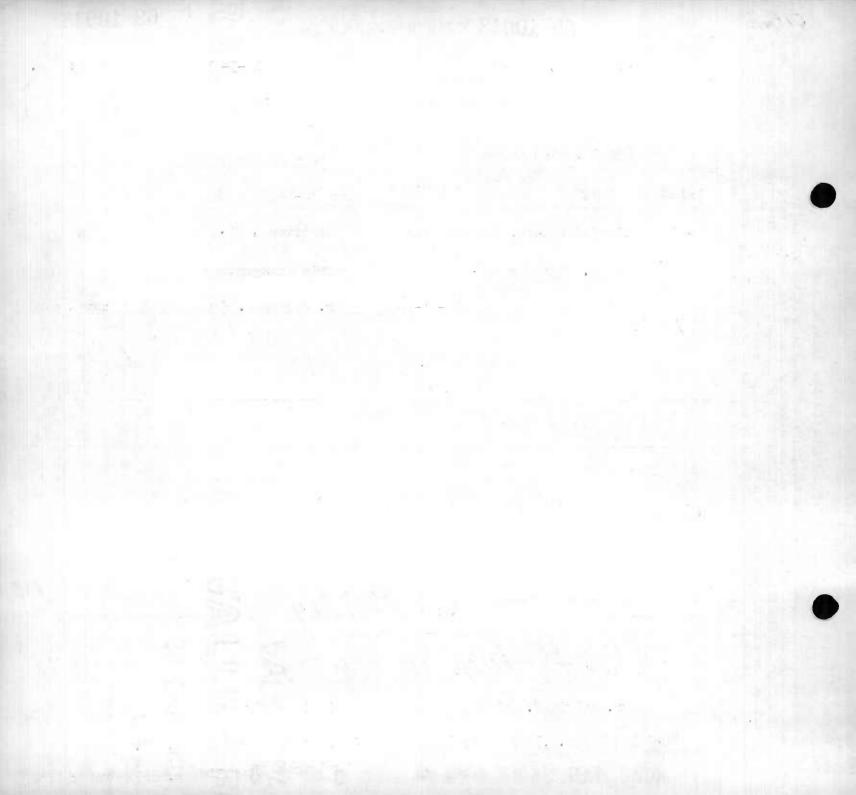
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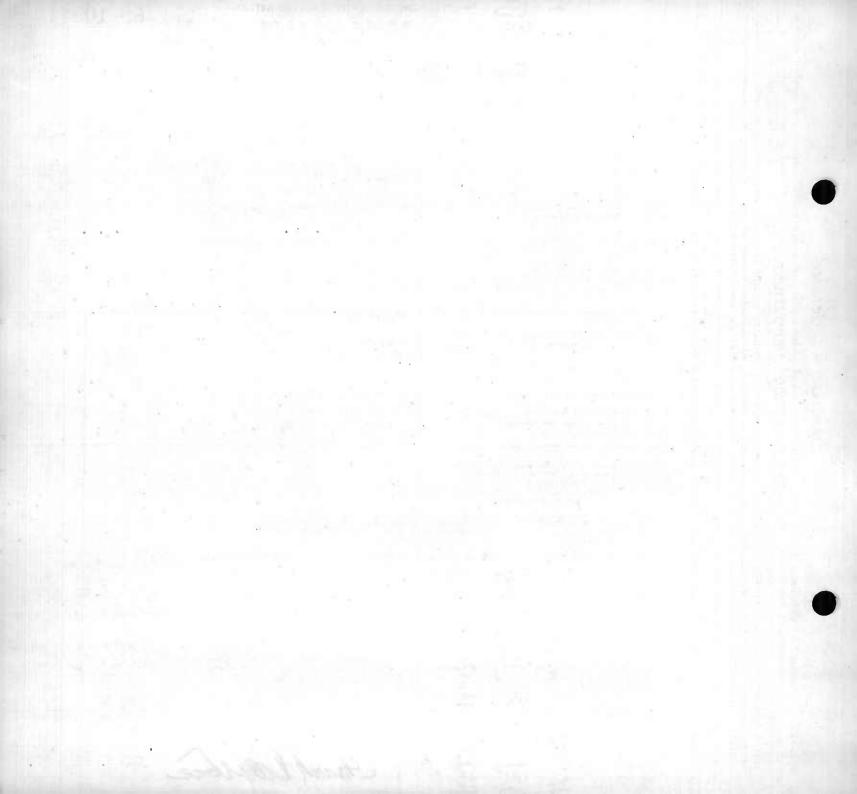


IMPORTANT

FUNERAL DIRECTOR:



	BALTIMORE CITY	HEALTH DEPARTMENT		69 10944
BIRTH NO. 62-345/2 69 109	44 CERTIFICA	TE OF DEATH	REG. NO	00 10044
I NAME OF DECEASED	2.2	2. DATE A	ND HOUR OF DEATH	
Type or Print) MARY BLOUNT OR	MARY DIANE BLOUP		V. 3, 1969	111:10 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		A. STATE B. COUN		stitution: residence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
THE JOHNS HOPKINS	HOSPITAL	BALTIMORE E. STREET AND NUMBER		YES XX NO .
35		211 S. SPRI		
FEMALE WHITE 7. MARR WIDOV	VED DIVORCED DIVORCED	12-07-62	9. AGE (Incyeors tost birthd 0)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min,
OA, USUAL OCCUPATION (Give kind of work 108, KIND one during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY		eign country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME		BALTO. Md.	AAF	U.S.A.
	OLINIO			
WILLIAM F. BL. 5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	SALLY PE	NDEK	ADDRESS
(If yes, give wor or dates of servi	SECURITY NO.			
118.	CAUSE OF DEATH		RIOUNT 2II SI	PRING CT
DISEASES OR CONDITIONS, if ony, given rise to the above couse (A) stoting UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINE.	ing DUETO, OR AS (C) ACUTE	SULO CYTO PO A CONSEQUENCE OF: E Lymphory		emia
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
ZIA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID	(If In Boltimor	e City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	White At Not While At Work			
22. I certify that (I) (this hospital) attended	ed the deceased from	10/13/69	19ta	1/14 1969
that (1) (we) last saw the deceased alive	- 11/10	19 69 and th	hat in (my) (aur) api	nian death accurred an the da
and hour and from the causes stated aba				
23A. SIGNATURE	n.10	nding Med.	su	23B, DATE SIGNED
23C. PHYSICIAN'S	DE GREE Phys		Phys	11/2/67
NAME (Type)	- ALL COMPANY		DETAIL TIOCI	TMAT
CARMELA L. TARDO 244. BURIAL CREMATION, 248. DATE 240 REMOVAL (Specify) 248.	M.D. DEGREE			PITAL ty, town, or county) (Stote)
DUDTAT TT /D // o	GLEN HAVEN	CT.	EN RIBNIE M.	
SA. DATE REC'D BY HEALTH DELL SES. NA	L NA DEL MA	25C. FUNERAL DIRECTO	on.	322 S. HIGH ST.
1101 0 1000 04443	al Dist	Barch Lill	proce.	
VS 1S0-REV. 1/1/6B		,	/	



-	5.	3	0)	1
	by the chief medical examiner or his assistant if death occurred in a hospital and	rect or contributing cause of death	(4) Undetermined cause; (5) Deceased	William Program who pronounced degrin was in regular attendance on the	d before the remains are embalmed or similar discussions in the deceased prior to death. Such
IMPORTANI	or his assistant	Also, if the dir	re of any kind; (nounced degin	arrendance on Imad or final div
FUNERAL DIRECTOR: IMPORTANT	by the chief medical examiner	pital by a medical examiner.	where the physician	No share and property who pro-	d before the remains are embalmed or time! dispersion in the

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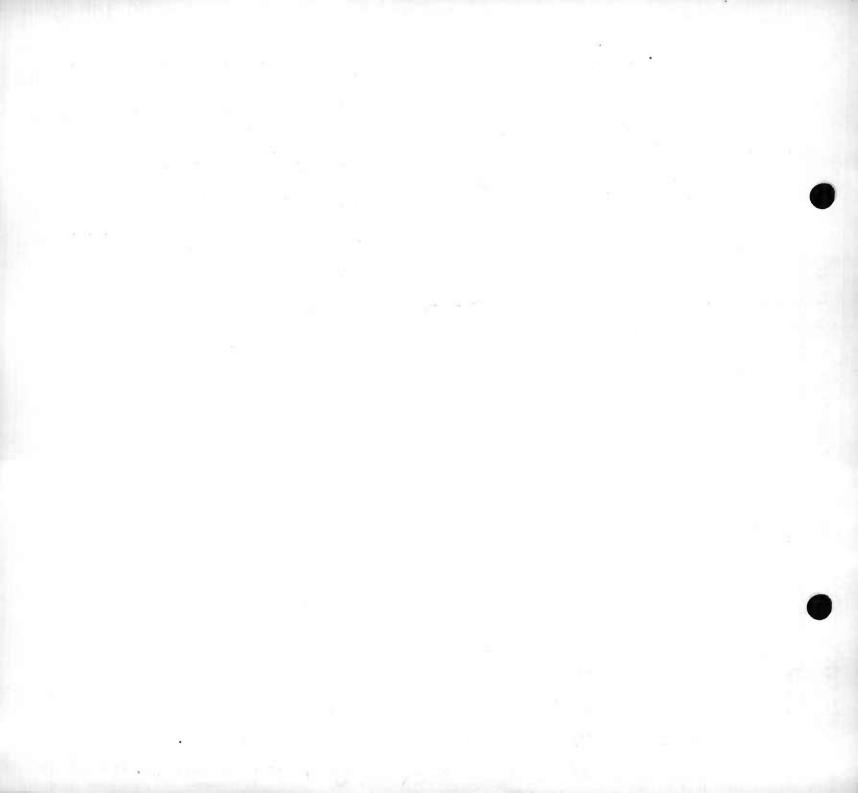
accident

BALTIMORE CITY HEALTH DEPARTMENT 69 10945 69 10945 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 20 BENT 11/4 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. Il institution; residence before admission) B. COUNTY / A FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS ALLWOOD, M YES NO E. STREET AND NUMBER 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye. If Under 24 Hrs. last birthday WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE [Slote or loreign country] 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Sellman Daniel Smith 15. Was Deceased Ever in U. S. Armed Farces? 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war at dales of service) ADDRESS SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE well (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION Just OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DAJE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED gangre now 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID hame, farm, factory, street, office bidg, INJURY OCCUR? (II in Baltimare City, give exact location) DEATH Inotify medical examined MEDI obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [APPROX.] Work At Work 22. I certify that (I) (this hospital) attended the deceased from Mou leath); that (1) (we) last saw the deceased alive an___ and that in (my) (our) apinion death occurred an the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending | Med. approval Director __ Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) 24D. LOCATION City, town, or county! (State) written

St. Marks (258. NAME OF REGISTRAR Plans E. Jaber, M.D. Buria] Marks Cemeterv BY HEALTH DEPT. EUNERAL DIRECTOR ADDRESS 1969 VS 150-REV. 1/1/68

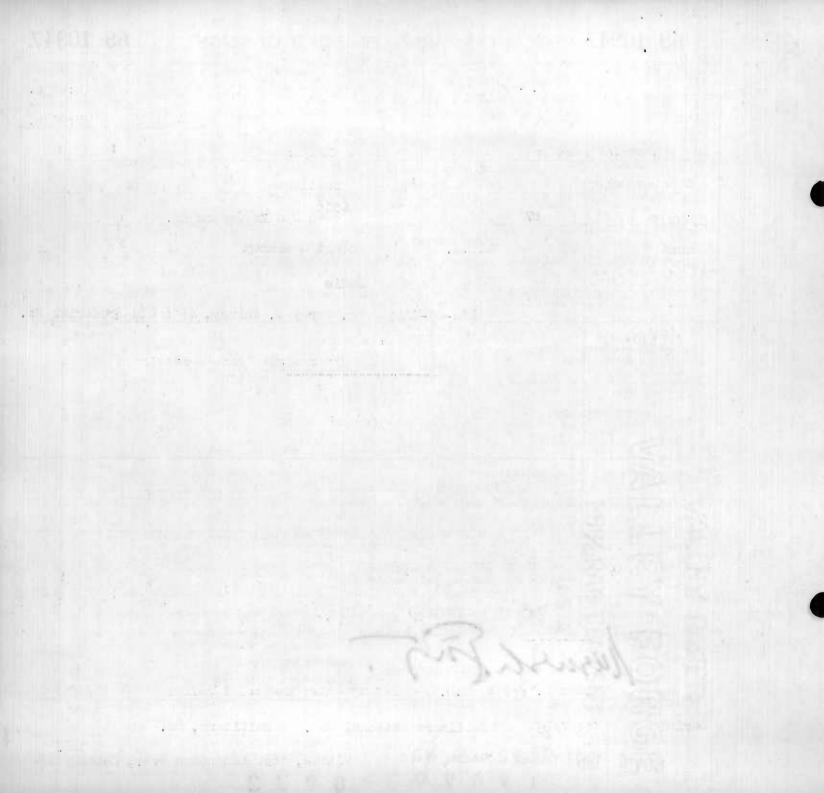
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BIRTH		EACED					2. DAT	F V	157	A4 1					
I. NAME OF DECEASED Type or Print) Mabel Shirey						OF DEA	F P	vn ∑} noted □	Manth 11	Day 4	69		10:00 ам.		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DAT			Manth	Day	Ye		Haur		
HOSP	NAME OF		T IN HOSPITA		MOITUTIT	, GIVE STREET		NOUNCED		11	4	69		10:00 ам.	
4	//	heran	Hospit	al			A. STAT			re deceosed li	B. COUNTY	on: reside	2	fore admission)	
6. SE	40.	7. RACE			IED X	NEVER MARRIED	C. CITY	OR TOWN			D. INSIDE C	CITY LIM	TS?		
	female	whit		WIDOW		DIVORCED	j	Baltin	ES X	N	0				
	TE OF BIRTI	1	10. AGE (Ir lost birthda		If Unde Manths	r 1 Yr. If Under 24 Hrs Days Hours Min	E. STRE	516 4548 (rederio	ck Rd.				
1. Bii	enna	late ar forei	gn cauntry)			IZEN OF		her's NAM	-	AV.					
_		PATION (GI	e kind of work	4B. KIND		SINESS OR INDUSTI									
	uring most of w					1804	_	die		.,,,,					
16. W	AS DECEAS	ED EVER IN	U.S. ARMED	FORCES	5? [1]	7. SOCIAL		ORMANT	-		- 1	ADDRESS	5		
Yes, n	o ar unknawn)	(If yes, give	war ar dates	of service		SECURITY NO. 214-01-2248	Mr	Percy	vI.	Shirev	. 4516	Old :	Fred	derick Rd.	
19	111	0 0.				CAUSE OF DE					, ,,,		APPR	OXIMATE INTERVAL	
	DISEAS	E OB CONIT	OITION DIREC	TIV									DE 1 AA EE	N ONSEI AND DEATH	
		LEADING TO		.161		(A)IMMEDIATE	CALICE	Hyperte	ensiv	e card	iovascu	lar			
			mode of dy				CHUUL	SEQUENCE		diseas				tion tion than tion tion tion tion tion tion tion till 400-400-400-400 tion tion tion tion tion to t	
			c. It means the ich caused dec							010000					
7	DISEASES O	NTECEDENT OR CONDITI E ABOVE CA IG CONDIT	ONS, IF ANY	, GIVING ING THE		(B)(C)	R AS A CO	NSEQUENCE	OF:					ක ක ක්රමණ සහ සහ සහ සහ සම ක්රම ක්රම ක්රම ක්රම සහ සම ස	
흐ー			11			(0)									
CERTIFICATION	TO THE DEA	TH BUT NO	NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERM	INAL										
20						HICH OPERATION V	VAS PERF	ORMED				721. A	UTOP	Y? (Yes or No)	
Ö)												no		
¥ 22	A. FXTER	NAL CAUSE	WAS		22B. PL	ACE OF INJURY(e.g	in or obe	ut 22C. WH	FRE DID	(If in Baltima	re City, give e	soct locati	ion)		
의미	NDERLYING	OR CON	ITRIB-		hame, f	arm, foctory, street, aff	ice bldg., e	c.) INJURY	OCCUR?	(/		
=	TING CA		ATH. Doy) (Year) (Hou	e) 22E	INJURY OCCURRED		22F HOV	W DID IN	NJURY OCC	1102				
0	F INJURY	(,	00,, (160)	, (1100	1		T WHILE	1		WOK! OCC	OK!				
23	APPROX.)				m. WO	RK AT	WORK L								
23	I cert		neld an I			nspection X A							n		
	result	ed fragh: N	latural cau	ses X	A	idant Suic	ide	Hamicide		Undetermi	ned manner				
		/1.			/	no	,	CHIEF N	MEDICAL	EXAMINER				ATE SIGNED	
	SIGNATI	IDE// LL	SIN	No	1) M	D. #	ASSISTANT A	MEDICAL	EXAMINER				AIL SIGIALD	
	EXAMIN	ERS			a	. ,		SSOCIATE N	MEDICAL	EXAMINER					
	NAME (T		rner U	. Spi				Chief						./4/69	
	BURIAL CREADVAL (Specif		24B. DATE		24C.	NAME of CEMETER	ar CREA	ATORY	24D	LOCATION	(City, tov	vn, or ca	unty)	(Stote)	
	rial		11/7/6)	Ba	ltimore Na	tional	. Cem.	Ba	altimor	e, Md.				
25A. I	DATE REC'D		DEPT.	25B. N	IAME O	F REGISTRAR		SC. FUNERA				ADDRES	S	21228	
	NO	V 6 1	969 62	Bert !	६. जैव	Bey M.D.					ndson Av	тв.,		onsville	
10 30	1 DEV 1/1/49			1 6	1 1	9 11	0	0 0	-	(-)					



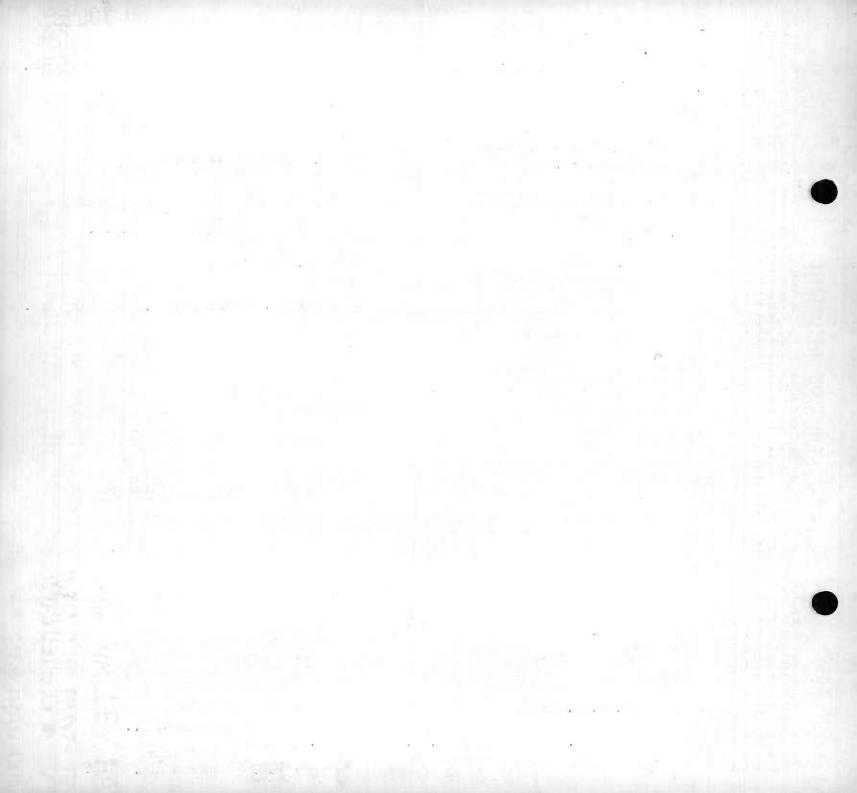
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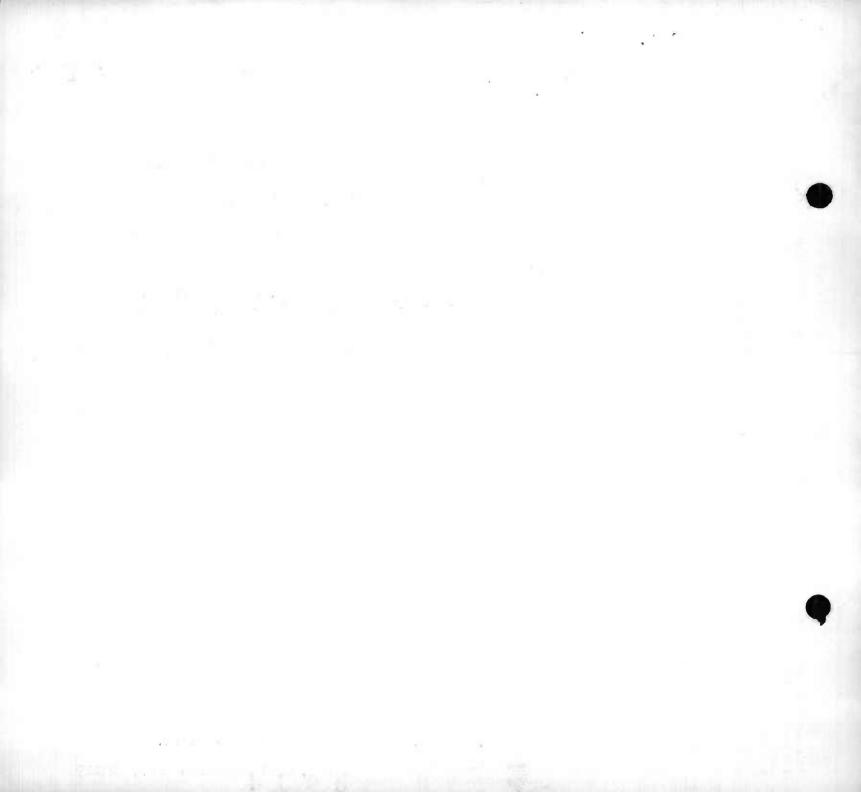
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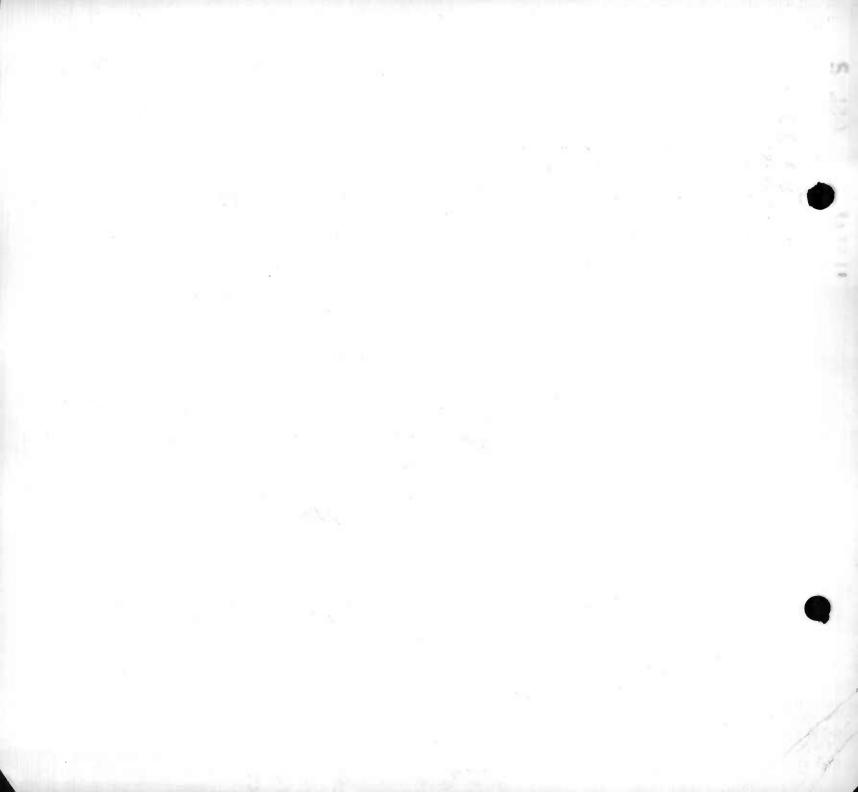
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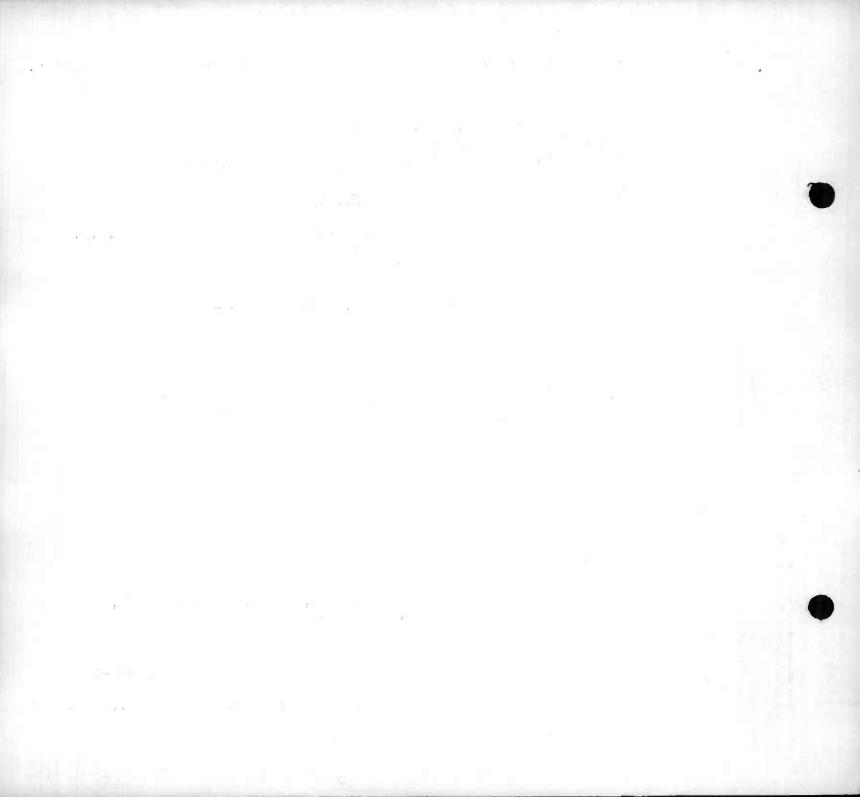
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If Under 24 Hrs.



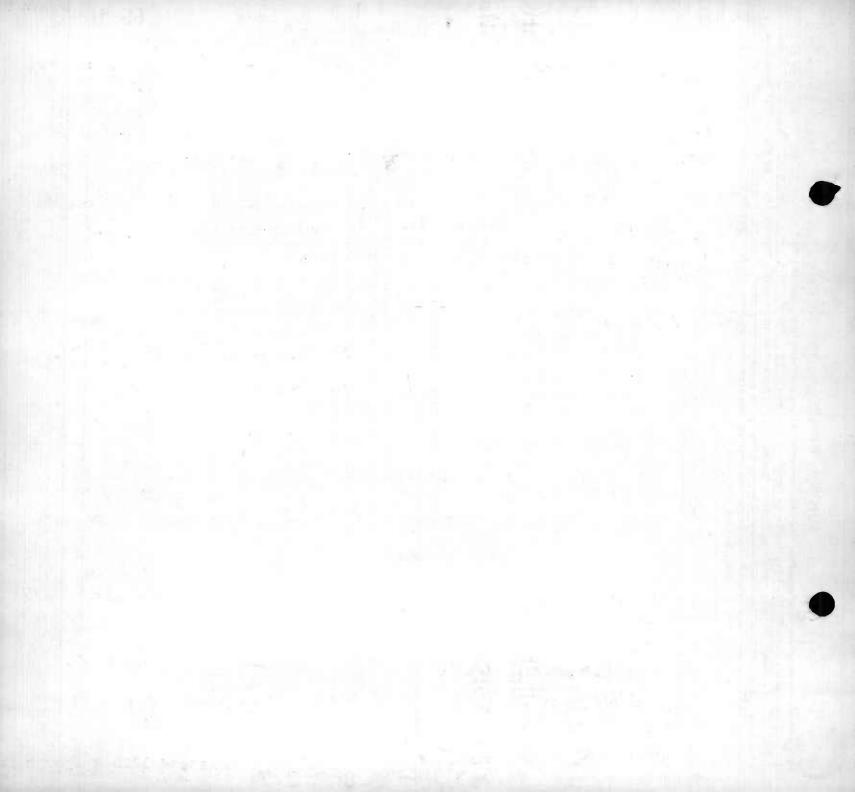






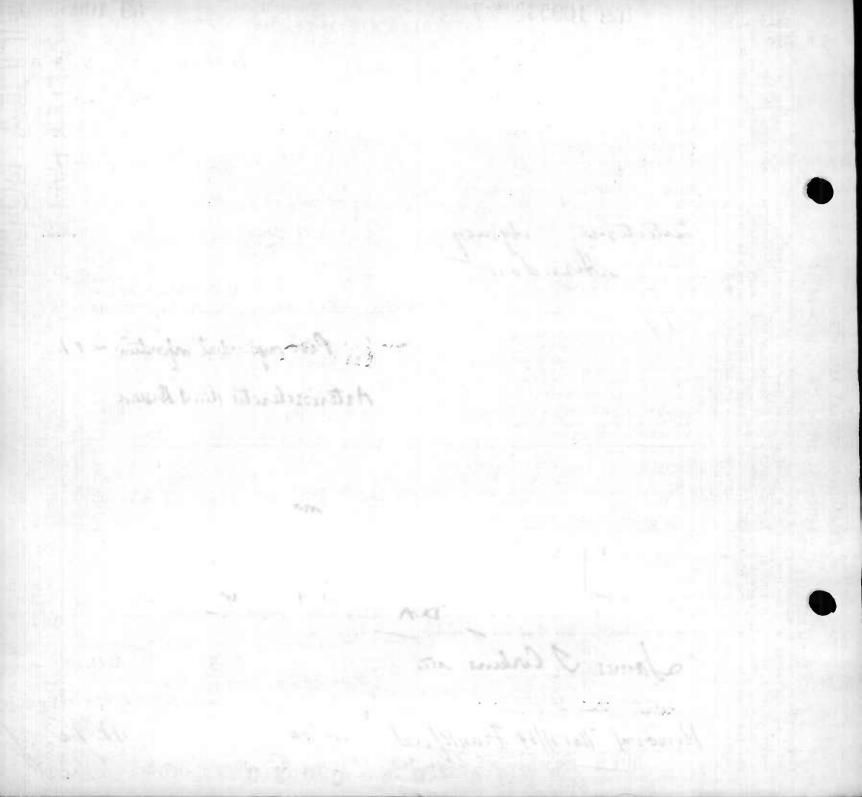
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BALTIMORE CITY HEALTH DEPARTMENT



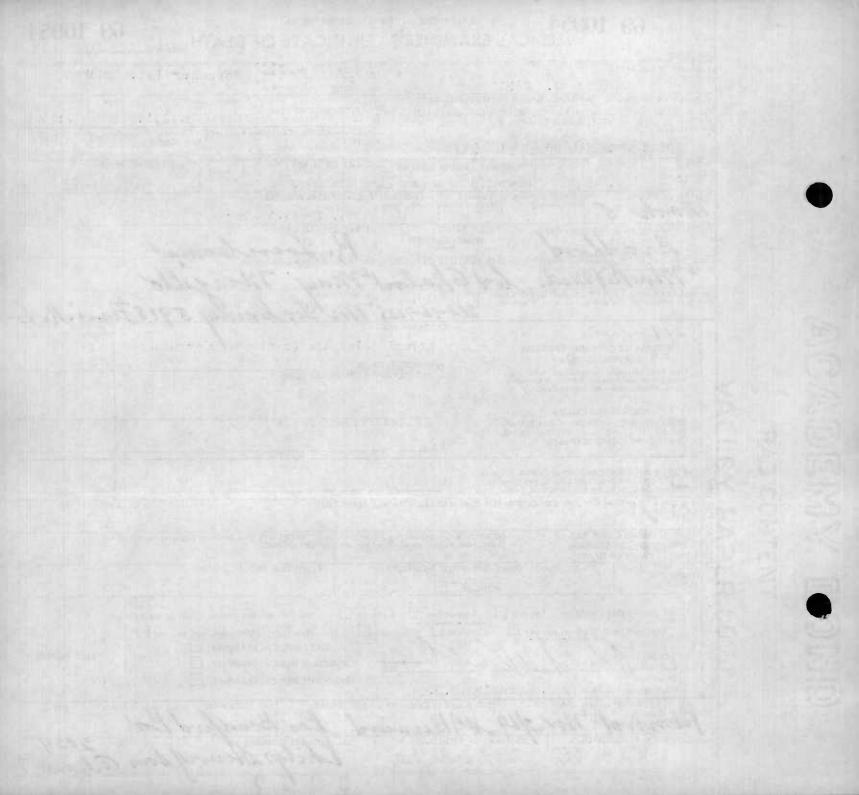
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BALTIMORE CITY HEALTH DEPARTMENT



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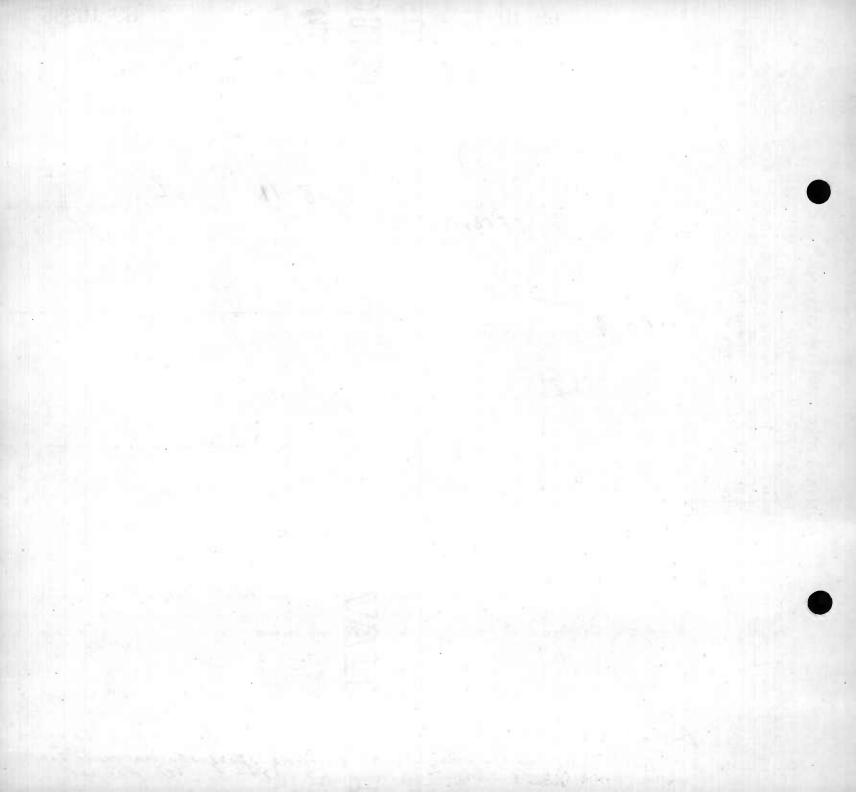
C.520	MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO	69 10954
	BIRTH NC. 1. NAME OF DECEASED (Type or Print) JOSEPH G. CAMAS 2. DATE Knowne Le Month embe Pay 1st.	Tag 6 Phour
44	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 3. DATE Month Doy PRONOUNCED DEAD November 1, 1969 5. USUAL RESIDENCE (Where deceased lived. # institution: resi	Yeor Hour 12:20 P _M
99	UNION MEMORIAL HOSPITAL (DOA) A. STATE Maryland B. COUNTY C. CITY OR TOWN D. INSIDE CITY LI	2758
•	Male White WIDOWED DIVORCED Baltimore YES 9. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Months; Doys; Hours; Min.] NO []
	11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME WHAT COUNTRY?	
	14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if reflectly for the property of	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dales of service) 17. SOCIAL SECURITY NO. 20-16-7028 MM Geo learney 5-9180	Enwick Ar
	DISEASE OR CONDITION DIRECTLY Arteriosclerotic Cardiovascular Disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	**************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21.	
		AUTOPSY? (Yes or No)
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E, INJURY OCCURED 22F, HOW DID INJURY OCCURED 12F, HOW DID INJ	mon)
	OF INJURY (APPROX.) m. WHILE AT NOT WHILE AT WORK 23, I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opin	lan
	resulted from: Natural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER	
	ASSISTANT MEDICAL EXAMINER XX EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. ASSISTANT MEDICAL EXAMINER 11/	DATE SIGNED
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, 19wn, or company) 24D. LOCATION (City, 19wn, o	ounty) (State)
	25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRE VS 151-REV. 7/1/68 25C. FUNERAL DIRECTOR ADDRE WAR DEPT. 125B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRE ADDRE VS 151-REV. 7/1/68	Cellans A

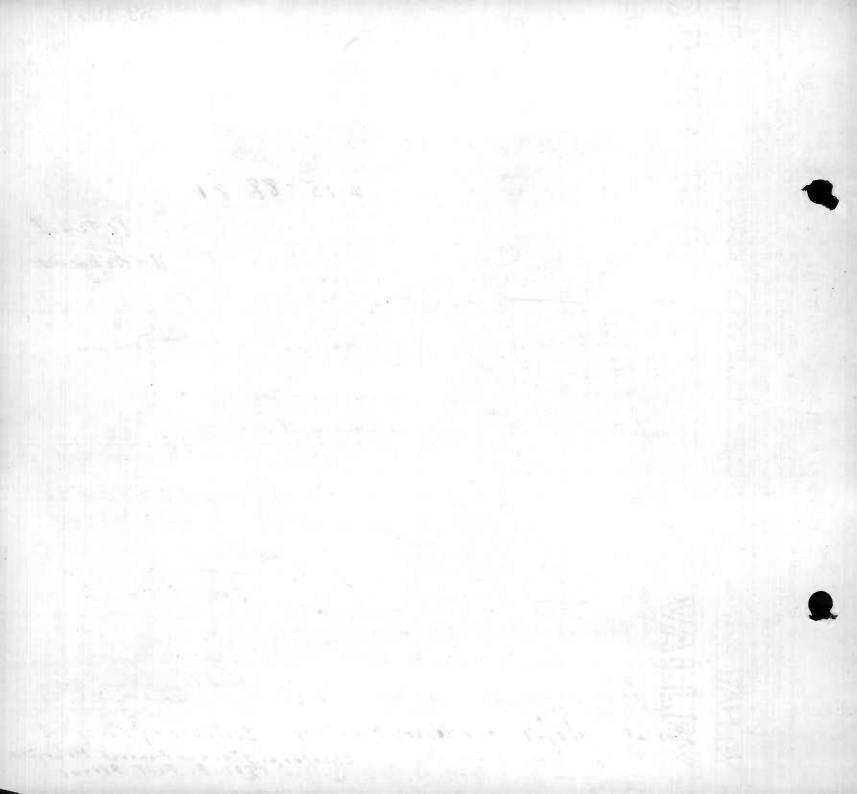


3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY Balto. Car MS (1712 Kennowsy Kd) F 32
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION) SINGI HOSPITAL OR INSTITUTION, GIVE STREE	C. CITY OR TOWN 2/234 D. INSIDE CITY LIMITS? BALTIMORE YES NO
i 42	1712 KENNOWAY BOAD
5. SEX 6. RACE 7. MARRIED NEVER MARRIE WIDOWED DIVORCE	9. AGE (In years last birthday) 9. AGE (In years Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND done during most of working life, even if retired)	BALTIMORE Md. 21. CITIZEN OF WHAT COUNTY 14. MOTHER'S MAIDEN NAME
Richard S. THOMA	ROSEMBRY KLAND
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) **CONTENT NO.** **	17. INFORMANT RICHARD S. THOMAS (SAME)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving DUE TO, rise to the obove couse (A) stoting the UNDERLYING CONDITION lost, (C)	OR AS A CONSEQUENCE OF: AC. Trachesherchite:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY OF INJURY OF INJURY	(e.g., in or about INJURY OCCUR? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21A. ACCIDENT WAS UNDERLYING home, form, foctory, street, or in Jury OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Yeor) (Hour) Work 22. I certify that (I) (this hospital) ottended the deceased from	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (e.g., in or about 21C. WHERE DID eet, office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 12

BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO. CATPOILED		00 100	=0		BALTIMORE CITY H				X	00	100
Carroll D. Witters Carroll D. Date Carr	BIRTH N	69 109 c.	DO MED	DICAL	EXAMINER'S	CERTIFI	CATE O	F DEAT	H REG. NO	69	109
A. PALEC IN BALIMONE, MARTIAND, WHERE PRONOUNCED DEAD November 3, 1969 12:	I. NAMI	Print)	(Carro)				Doy	Yeor	Hnur
PRONOUNCED DEAD 12: 10:	4 PLACE						Estimoted L		D. 1.		11
UNIVERSITY HOSPITAL	FULL NAM	AE OF	F NOT IN HOSPITA	AL OR INSTIT			UNCED DEAD				
A. STATE Maryland B. COUNTY		WIDNA TE	DDRESS OR LOCA	(ION)	CD ul	5 USHAL P	ESIDENICE /W				
Male White WIDOWED DIVORCED Catonsville VES No E P. DATE OF BIRTH 1886 IS-AGE (In years) 19 Age 17 Age 18 Age 1	30	UNIVERSI		AL NU	CU -1/13/6	A. STATE	Marylar		B. COUNTY	Balti	
P. DATE OF BIRTH 1886 10.AGE (in year) 10.A				B. MARRIE	NEVER MARRIED				D. INSIDE CI	TY LIMITS?	
Spring Grove Hospital I.s. BRITHERCÉGIOLE or foreign country) I.s. BRITHERCÉGIOLE OR MANDE CALLERANDINE I.S. FATHER'S NAME Thomas D. Witters I.S. FATHER'S NAME I.S. F							nsvill	9	YE	s Di-	NO 🖾
I. BRITHPE ACES (Sinte or foreign country) 82		OF BIRTH 7 8	386 lost hirthdo	n yeors If	Under 1 Yr. If Under 24 Hrs	. E. STREET	AND NUMBER				
Baltimore, Maryland		. 29,				Spring	Grove H	Hospital			
Thomas D. Witters Thomas D. Witters Thomas D. Witters Thomas	il. BIRTH	PLACE (State or	foreign country)	12		13. FATHER	'S NAME				
International Content Inte	Ba	ltimore	, Maryl	and	WHAT COUNTRY?	Thou	mas D.	Witter	g		
NONE NONE NONE Charlotte Nicol Appress Nicol Security No. 12 Nicol					F BUSINESS OR INDUST	TY 15. MOTHE	R'S MAIDEN N	IAME			
AND DECEASE DE EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 12. 11. 12. 12. 12. 13. 12. 13.	done durin	2.7	ile, even it retired)			Cha	rlotte=	T- Nic	ol		
SECURITY NO. SECU	16. WAS	DECEASED EVE	R IN U.S. ARMED	FORCES?				1110		DDRESS	
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart loilure, statenic, eich, threat he disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICATION (A) OTHER SIGNIFICATION (A) 22A. DATE OF OPERATION (20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING CONDITION GIVEN IN PART 1 (A). 22A. EXTERNAL CAUSE WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING CONDITION 10 THE SIGNIFICATION (For the TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. BURING CAUSE OF DEATH. HOSPICAL ACTUAL SIGNATURE EXAMINER'S RONald N. KOTND Lum, M.D. ASSISTANT MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	10.1	0					s. wm.	E. Cha	moerta.		
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Vest	5 0	HER SIGNIFICAN THE DEATH BUT SEASE OR COND	II T CONDITIONS CO NOT RELATED TO TION GIVEN IN PA	ONTRIBUTIN THE TERMIN	Subdura	1 Hemat	oma				
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222. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. 228. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bldg,, etc.) 225. TIME (Month) (Doy) (Year) (Hour) 225. INJURY OCCURRED 225. HOW DID INJURY OCCUR? 225. HOW DID	02										
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22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) Oct. 25, 1969 Unk. m. WORK Subject fell in hospital 23. I certify that I held an Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: National Courses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 11/5/69 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (STEMATOR)	S UND	ERLYING JOR	CONTRIB-	ho	me, lorm, toctory, street, off	ce bldg., etc.)	NJURY OCCUR	?		6	530
Certify that I held an Inquiry Inspection Autopsy	≥ 22D.	TIME (Month)		r) (Hour)	22E INTITOY OCCUPRED	2					
Certify that I held an Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: National couses Accident Suicide Homicide Undetermined monner	OF IN	OX.) Oct 25	1969		WHILE AT NO	T WHILE TO				1	
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CHIEF MEDICAL EXAMINER DATE SISTENT MEDICAL EXAMINER SISTENT SI									_		
EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER 11/5/69 NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Specify)		ACTUAL /	med	In,	Till	ACCI	CHIEF MEDICA	L EXAMINER			DATE SI
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (S		EXAMINER'S	Ronald N	. Korn		υ.				11/5/	69
Burial 11-7-1969 Greenmount Cemetery Baltimore.	24A, BUR	IAL CREMATION	1, 24B. DATE		24C. NAME of CEMETER	or CREMATO	DRY 24	D. LOCATION	(City, town	, or county)	(5
	Bur	rial	11-7-	1969	Greenmount	Cemet	ery]	Baltimo	re.		7

VS 151-REV. 3/1/6B

25A. DATE REC'D BY HEALTH DEPT.

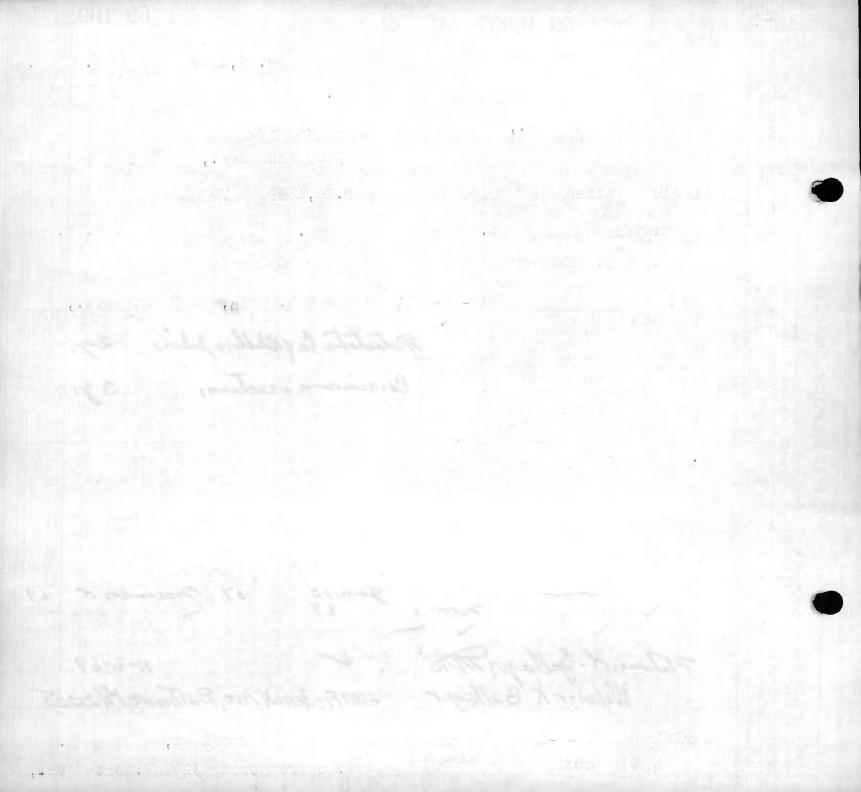
NOV 6

25B. NAME OF REGISTRAR P.D.

H. W. Jenkins & Sons Co. 21212 4905 York Road Balto., Md.

11/13/69 - Letter from Exist Medical Examiner, Dr. Ronald N. Kornblum, Assist.

Correction form from funeral director.

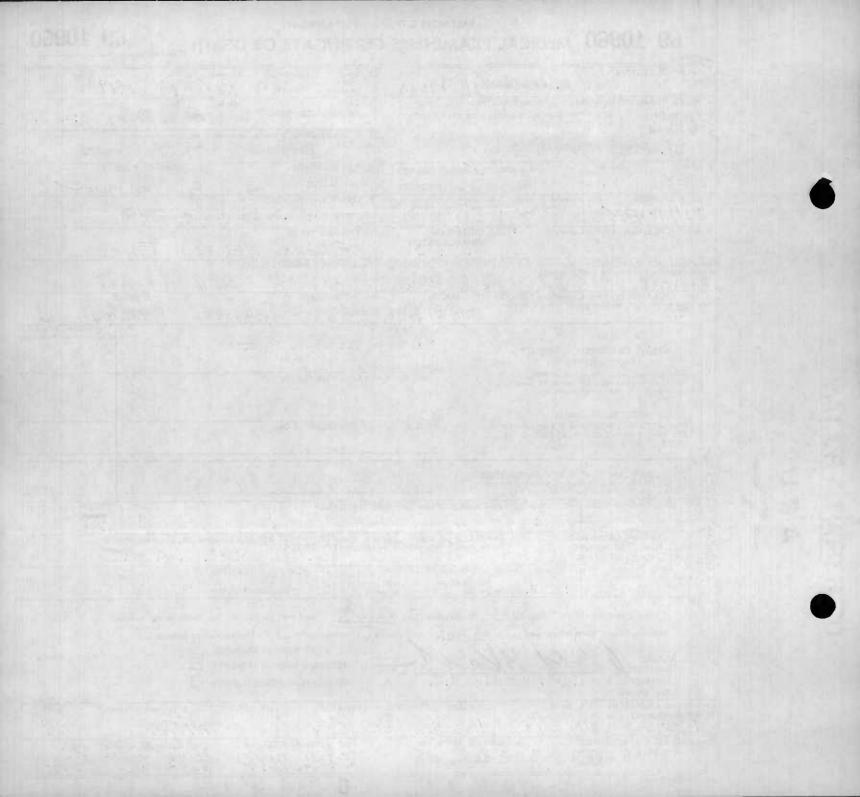


BALTIMORE CITY HEALTH DEPARTMENT

69 10960 MEDICAL EXAMINER'S CERTIFICATE

69 10960

RI	RTH NO.	LUJUU	MEL	ICAL	EXAMINER'S	LERTIFICATE	OF DEAT	H REG. NO	170	100,00
1.	NAME OF DEC	CEASED MARY	L.(R	OBINE	ON) Robison	2. DATE Known (_ * * * * * *	Day	1969	Hour
4.	PLACE IN BA	TIMORE, MA	RYLAND, V	VHERE PI	RONOUNCED DEAD	3. DATE	Month	Doy	Yeor	Hour M.
Ho	IL NAME OF OSPITAL RINSTITUTION	(IF NO	T IN HOSPITA	AL OR INS	TITUTION, GIVE STREET	PRONOUNCED DEA	Novemb	er 1, 19	969	8:45 P. M
		GNES HO	SPITAL	(DC	DA)	5. USUAL RESIDENCE A. STATE Mary		B. COUNTY	Howan	
6.	SEX	7. RACE		B. MARR	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS?	
L	Female	Whit	e	WIDOV	VED DIVORCED	Woodbine		YE	1 0	10V
9.	July 10	1915	10. AGE (II	yeors y) 54	H Under 1 Yr, If Under 24 Hrs. Months, Days, Hours, Min.	Box 213-Rt.2		hapel Ro	ad	
īī.	BIRTHPLACE (State or foreig	on country)		12. CITIZEN OF	13. FATHER'S NAME				
		Md.			WHAT COUNTRY?	FRANK	HERM	ON JA	Hes	
				14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN	NAME	0 ;	7 43	
L	A / CRY WAS DECEAS	Cler	K Han	C FORCES	ReTAIL BIRKERY	MADLA NA	MAR	y Ste	DRESS	
(Y e	s, no or unknown	(If yes, give v	wor or doles	of service	SECURITY NO. 214-01-9606	Joseph O.	Robison		od Bin	ie Md
	19.	100			CAUSE OF DEA	тн				ROXIMATE INTERVAL
		E OR COND LEADING TO		CTLY	Multipl	e Traumatic	Injuries			
	(This does n	of meon the	mode of dy	ing, e.g.,	(A) IMMEDIATE O	AS A CONSEQUENCE OF:				
П	heart failure injury or car	, osthenio, etc aplication which	. It means the ch coused dec	diseose,						
П	A1	NTECEDENT	CAUSES		4.4					
		OR CONDITION		, GIVING	DUE TO, OR	AS A CONSEQUENCE OF				
2	UNDERLYIN	NG CONDITI	ION LAST.	IING THE	(c)					
01			II		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
ERTIFICATION	TO THE DE	ATH BUT NOT	RELATED TO	THE TERM	INAL					
ERT					FOR WHICH OPERATION WA	AS PERFORMED			21. AUTOP	SY? (Yes or No)
Ü	2								y e	es
EDICAL	22A. EXTER	NAL CAUSE			22B. PLACE OF INJURY (e.g., home, lorm, foctory, street, office	In or obout 22C. WHERE	DID (If In Boltimor	e City, give exoc	t location)	6300
ME			TH. (Yeor) (Hou	Street r) 22E,INJURY OCCURRED		3000 ft.		(t.32	
F	OF INJURY				WHILE AT NOT	Martie				
	(APPROX.) 1	1-1-69	7:45	Р.	m, WORK AT W	ORK [X] Driver	in auto-a	uto col	lision	
b	1 cert	ify that I h	eld on I	nquiry [Inspection Au	topsy X and that	on this basis,	death in my o	plnion	
	resul	ted from: N	etyrol cou	ses 🗌	Accident X Suicid	e Homicide	Undetermin	ned manner]	
		1	/ ,	1 11	1///	CHIEF MEDI	CAL EXAMINER			AVE CLONIES
	SIGNAT	URE	wa	11	Kant M.D	ASSISTANT MED	ICAL EXAMINER			DATE SIGNED
	EXAMIN NAME (1		ald N.	Korr	nblum,M.D.	ASSOCIATE MED	ICAL EXAMINER		11/3	2/69
24 RF	A. BURIAL CRE	MATION, 2	4B. DATE	1	24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, lown,	or county)	(Stole)
	BURIA	1	11/5	169	Loudon F.	K. Cen	B	AlTimol	re.	Md
25	A. DATE REC'D	and the	0		AME OF REGISTRAR	25C. FUNERAL D	RECTOR	AD AD	DRESS /	R/
	140/	/ 6 19	69 0%	Ser E	. Faiber, M.D.	E 8 Mac 7	Talib 3	alk y	11	1/228
VS	151-REV. 1/1/68	B	- /A - W	. (3	100	0 0 0 1	T ₂			



VS 150-REV. 1/1/68

Emile White Spanne Stewart Penal Salomer Vicent Population coplered the territory was Principle programme E Missonale . M.S. 526 111 23 TH 32 161



	B-600 69 10	ICC.	HEALTH DEPARTMENT TE OF DEATH	X REG. NO	69 10963
11	NAME OF DECEASED			ND HOUR OF DEATH	
	BERRY. FLOY			11-05-69	1 2:10 P M.
	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Who	pro deceased lived, If in	stitution: residence before admission)
	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	MARYLAND 7 C. CITY OR TOWN BALT I MORE		5300 DE CHY LIMITS?
10	ST. AGNES HOSP.				YES NO
1	WILKENS & CATON AVE.	BALTO.MD.21228		ETT RD	21207
	FEMALE WHITE WIDON	MED TO DIVORCED	8. DATE OF BIRTH 08-12-82	9. AGE (In years last birthdoy)	If Under 1 % If Under 24 Hrs. Months Doys Hours Min.
1	A. USUAL OCCUPATION (Give kind of work 108, KIN) one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or ford	oign country)	12. CITIZEN OF WHAT COUNTRY?
	RETIRED - MUSIC TEAC	HER	ARKANSAS		11C A
1	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	USA
	CHARLES MEYERS	DEC 'D	MARY M. FOS	STER	DEC 'D
110	Wes Deceased Ever in U. S. Armed Forces? os,no or unknown) (If yes, give war or doles of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		CAPON AVE.
	NO	430-62-9291	ST. AGNES F	RECORD ROO	M - WILKENS &
	18.412.21	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
H	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTRACE	REBRAL BLEED	ING.	DEL WEEN ONSE! AND DEATH
	(This does not mean the mode of dying, heart failure, asthenio, etc. it means the dise	e.g., DUE TO, OR AS A	SE CONSEQUENCE OF:	***************************************	
	injury or complication which coused deoth.) ANTECEDENT CAUSES	H.ASCV	D.		
	DISEASES OR CONDITIONS, if ony, gir	(8) DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	rise to the obove couse (A) stoting UNDERLYING CONDITION last.	(c)	- CONSEQUENCE OF:		
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG	***************************************		
CEBTIELO	WAS PERFORMED	OR WHICH OPERATION	YES	ON 2012 IP YES, WERE PIN CERTIFYING CALL	INDINGS CONSIDERED USES OF DEATH?
5	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offield.)	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?		City, give exoct focotion)
AAEDI		White At Work At Work	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (1) (this hospital) attended	od the deceased from	11-03-69	19ta1	1-05 19 69
	that (N (we) last saw the deceased alive	n 11-05	19 <u>69</u> and th		alan deoth occurred on the date
	and hour and from the causes stated above	。以) (We) (did) (対対 (gi)) vi			
	23A. SIGNATURE	10			23 B, DATE SIGNED
	Alyandro luga	DEGREE		Staff Phys.	11-05-69
	ALEJANDRO MEJIA MD	•	ST. AGNES H	INCRITAL NA	
24	A. BURIAL CREMATION, 248. DATE 240	NAME of CEMETERY OF CREA			LKENS & CATON y, town, or county) (Stote)
	D 1 3	rearly Cemetery	Dend	danell, Arka	nese
25	A. DATE REC'D BY HEALTH DEPT. 258 NAA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	water & BIKG	ADDRESS
		The state of the s	Witzken 4101 J	Admondson A	e., 21229
VS	150-REV. 1/1/68			4	

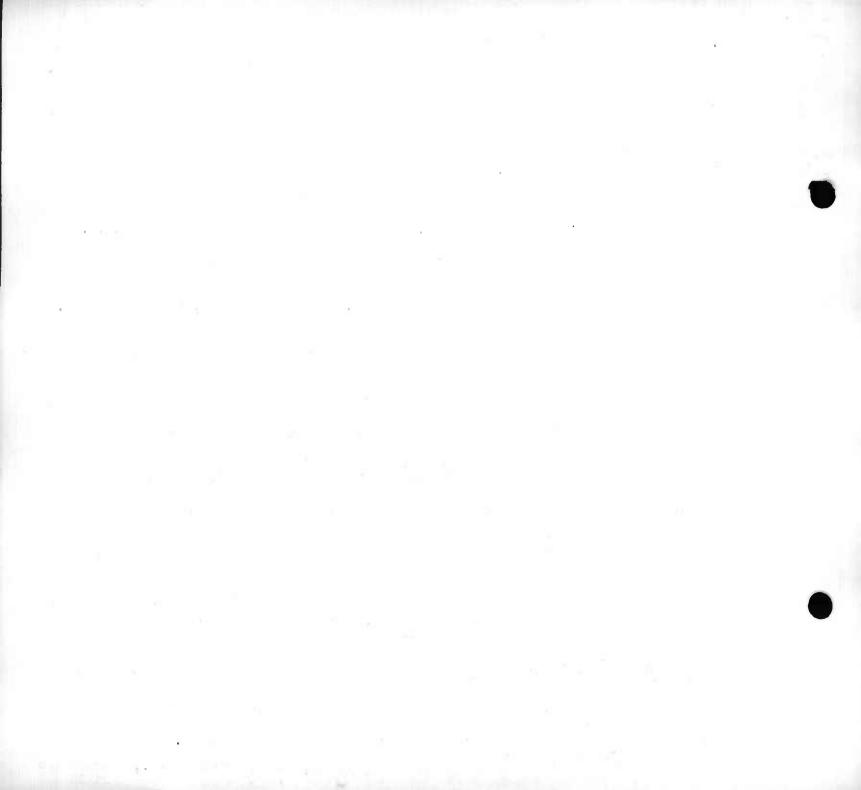
THE PARTY LANGE REPORTED ..

-- h.

IMPORTANT

DIRECTOR:

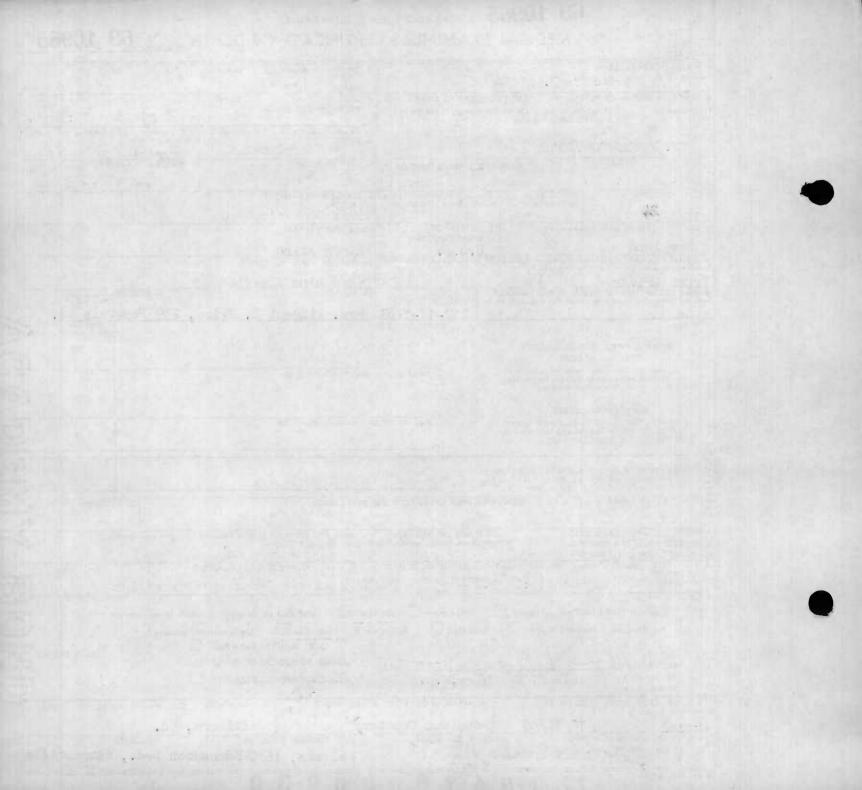
FUNERAL



A- 450 69 10965 BALTIMORE CITY HEALTH DEPARTMENT

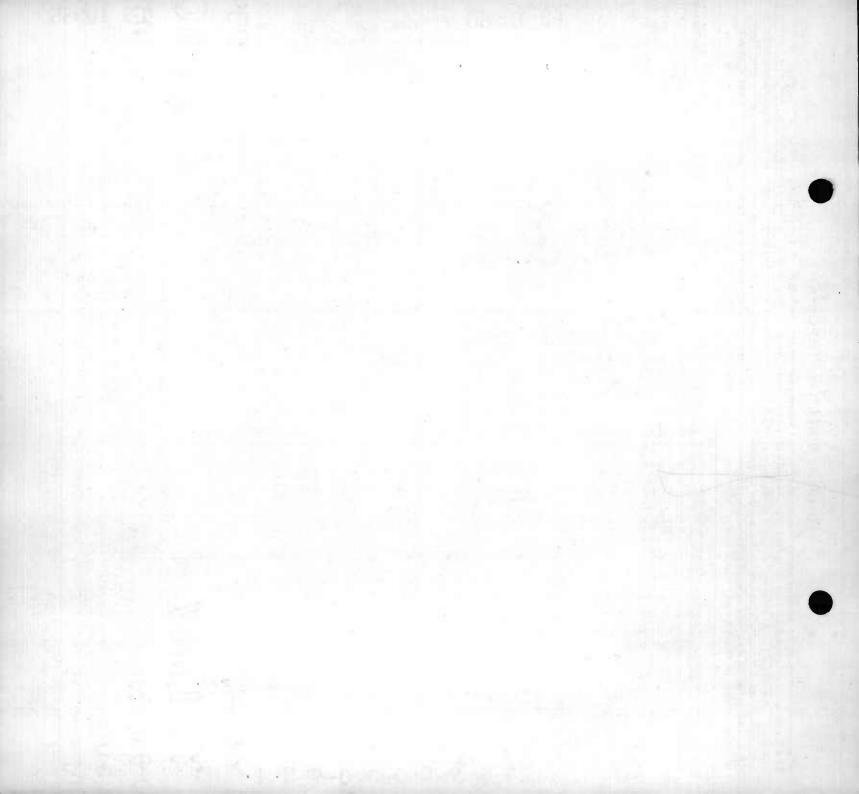
MEDICAL	EXAMINER'S	CERTIFICATE	OF I	DEATH

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69	10965
BIRTH NO.		
NAME OF DECEASED VINCENT S. ALIMO	2. DATE Known Month Doy Year OF DEATH Estimoted	r Hour M.
. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeo	
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION) RINSTITUTION	PRONOUNCED DEAD November 5, 1969 5. USUAL RESIDENCE (Where deceased lived, if institution: resident	11:30 A.M.
ST. AGNES HOSPITAL	A. STATE Many land B. COUNTY 13 1/1	
SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMIT	5?
Male White WIDOWED DIVORCED	Reisterstown YES	NO X
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy), 45 Months, Doys, Hours, Min.	E. STREET AND NUMBER 1233 Homevale Road	
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Maryland U.S.A.	Rocco Alimo	
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME	
one during mast of working life, even if retired) Truck Driver	Josephine Alascio	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS	21136
es, no or unknown) (II yes, give wor or doles of service) SECURITY NO. 217-18-1763		
19. CAUSE OF DEA		APPROXIMATE INTERVAL
F 966X	8	ETWEEN ONSET AND DEATH
District on delivering the state of the stat	unds of chest and neck	
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR.		
heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AU	TOPSY? (Yes or No)
		yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, form, loctory, street, offic	in or about 22C. WHERE DID (If in Baltimore City, give exact location to bldg., etc.) INJURY OCCUR?	•
UTING CAUSE OF DEATH. Yard		300
22D. TIME (Month) (Dov) (Year) (Hour) 22E.INJURY OCCURRED	Rear 915 Southridge Road	
(APPROX.) Nov.5,1969 11:10 A WHILE AT IN NOT	WHILE Stabbed during altercation	
23. 1 certify that I held an Inquiry Inspection Au	tapsy and that on this basis, death in my opinion	
resulted fram: Natural causes Accident Suicident		
ACTUAL A STATE OF THE STATE OF	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MUCH M.D	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Ronald N. Kornblum, M.D.		/5/69
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		nty) (State)
Burial 11/10/69 Woodlawn Cemet		
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	
NOV 7 1969 Oubert E Versey R. B.	Witzke, 1630 Edmondson Ave.,	
		21228

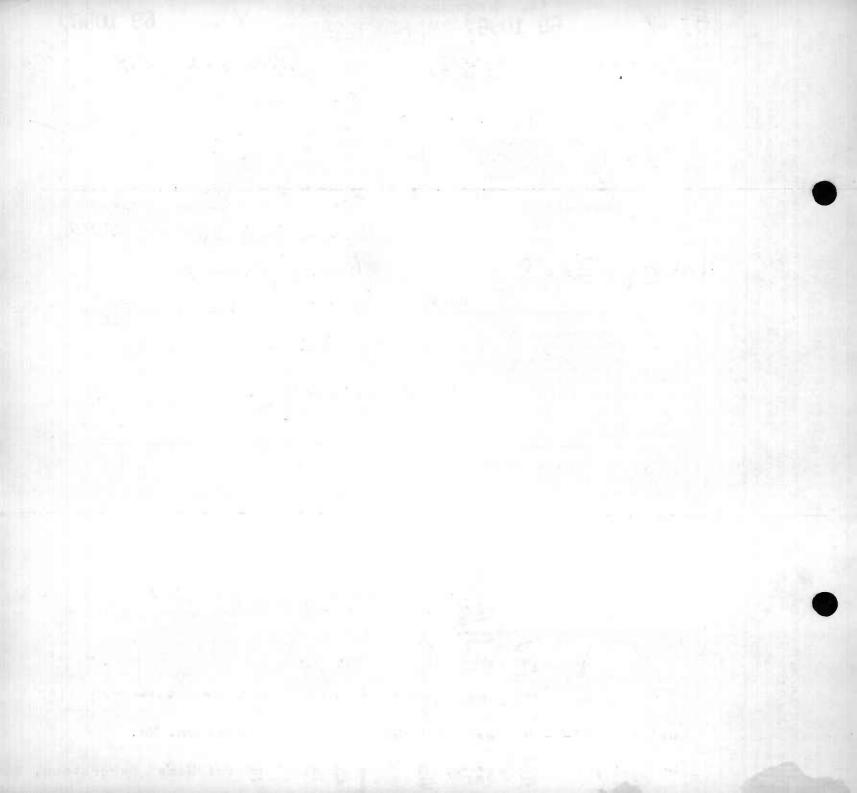


FUNERAL DIRECTOR: IMPORTANT

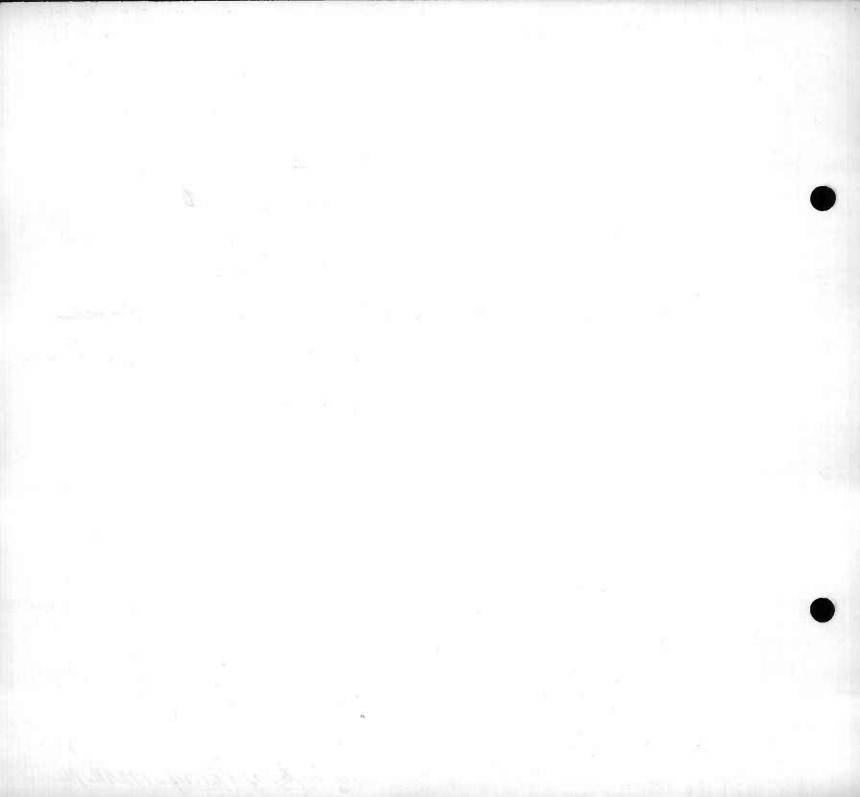
			BALTIMORE CITY	HEALTH DEPARTMENT		00 40000
1-5/3	69	1096	6 CERTIFICA	TE OF DEATH	REG. NO	69 10966
NAME OF DEC	HOMPSON,	ELLA	C.		HOUR OF DEATH	12a.
B. PLACE IN BAL	TIMORE MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If i	nstitution: residence before admission
LUTH TULL NAME OF	ERAN HOSPI	TAL O		2541 W. Z		ST. MD.1605
HOSPITAL OR	ADDRESS OR LOC	A IION)		C. CITY OR TOWN		SIDE CITY LIMITS?
111				BALTIMOR	E	YES NO
46				2541 W.	LANVAL	E ST.
FEMALE	NEGRO	WIDOWED		OCT. 4.1925	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCU	JPATION (Give kind of wor	k 108. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	In country)	12. CITIZEN OF WHAT COUNTRY
Claim A		Social	Security	Maryland		UNITED STATES
3, FATHER'S NA	William	I. Cur	rry	Pearl Heyn		
	Ever in U. S. Armed Fo		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			220126695	Melvin Thomp	son	same
18. 5 3	3.91		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	SE OR CONDITION DE			0 4- 0	, ,	10.26.69
	LEADING TO DEATH not meen the mode of		(A) IMMEDIATE CAL	ISE acute fearl	failure	, , , , , , , , , , , , , , , , , , , ,
heort foilure,	osthenio, etc. It meon:	s the diseose,	DUE IO, OR AS	A CONSEQUENCE OF:	0	to
	aplication which couses		0			
	ANTECEDENT CAUSE	S	(B) bost-	of Subtotal &	jastrecton	ry 11.5.69
	OR CONDITIONS, if					
	e obove couse (A) G CONDITION lost.	stoling the	(c) below	ding septic	nleer.	
			\\\-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	J J J		
TO THE DEAT	FICANT CONDITIONS CO	THE TERMINAL	advanc	ed stage of fa	tty change	in Rever.
19A. DATE OF		NDITION FOR	2 - 0 + 0	20 A. AUTOPSY? (e) or No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
U 21A. ACCIDE	NT WAS UNDERLYING		DEBLE WICH.	in or about 21C. WHERE DID	(If in Boltimo	re City, give exact location)
OR CONTRIBL	JTING CAUSE OF	hon	ne, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(1.11.0011110	, o stiff give exact location,
21 D. TIME OF INJURY	(Month) (Doy) (Year)		. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		Wi	nile At Not While	le 🔲		
22. L certify	that (1) (this haspite	l) ottended t	he deceased from	10. 26. 1	9 69 ta 1	1. 5. 19.69
that (I) (we)	last sow the deceos	ed olive on.	10· H.	19 69 ond the		inlon deoth occurred an the date
		ited above. (1) (We) (did) (did nat) v	view the body ofter deoth.		
23A. SIGNATU	0 11					23B. DATE SIGNED
	1. Kranswar	an.	D.L.	ending Med. s. Director	Staff Phys.	11 5.69.
23 C. PHYSICIA NAME (T	ype) P. GNAN	IESWAH	ZAN.	23D. ADDRESS LUTH	ERAN H ASHBUR	TON ST
24A. BURIAL CRE	MATION, 248. DATE		AME of CEMETERY OF CR			City, town, or county) (State)
REMOVAL (Specify)	240.11				, , , , , , , , , , , , , , , , , , , ,
Buria 2SA. DATE REC'D	BY HEALTH DEPT.	59 258. NAME	rbutus Mem.	Park B	altimore,	, Maryland
NOV 7 1	OGO Robert E.	Janber.	M. G.	TV - 7 OF END ST	Vernon Ba	Calbaum Street
(5) 50 PG (1 (1)	40 A:52-2- M		700	ASTRON U. H.	1348	Calhoun Street



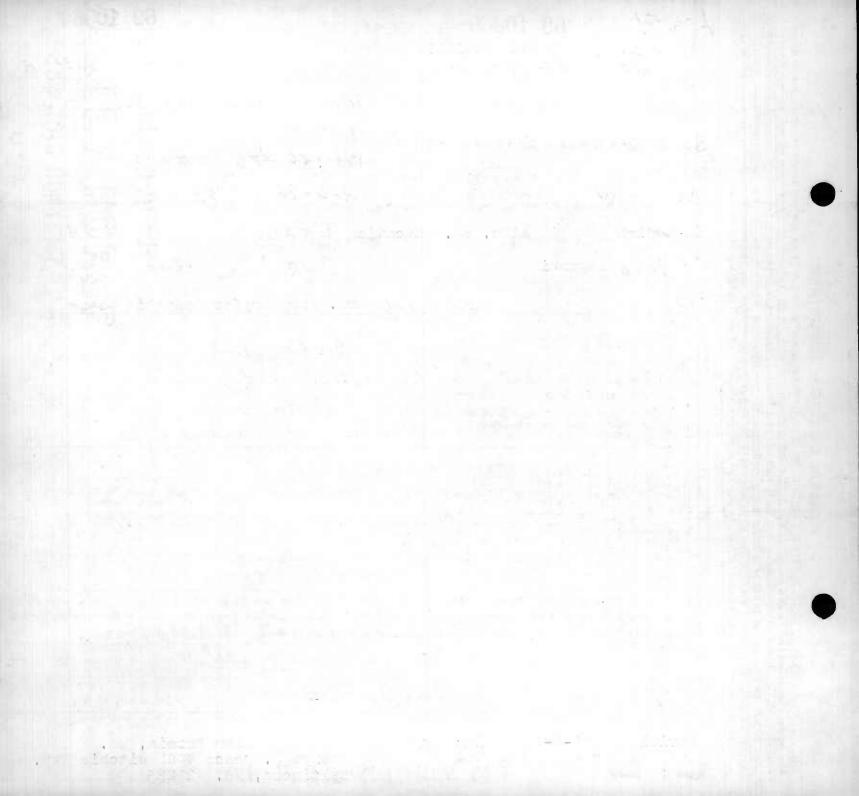
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VS 150-REV. 1/1/68



	to make 8	BALTIMORE CITY	HEALTH DEPARTMENT	9 (00000		
1/	-25/ 69 1096	9 CERTIFICA	TE OF DEATH	REG. NO.	69 10969		
ВП	TH NO.						
	pe or Print)	EGAMBI		D HOUR OF DEATH	4124		
_	JOHN WE GAN	1 b i		11-3-69 e deceased lived. If inst	2:30 Am.		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	UNCED DEAD	A. STATE B. COUN		mullon, lesidence deloie dumission/		
H	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	UTION, GIVE STREET	C. CITY OR TOWN	NE ARUN	del 5200		
1	1 110 0 111	1 1/20:40/	Pasadena		YES NO 🛛		
4	South BALTIMORE DENER	AL HOSPITAN	BOX 133 R+	6 Pasaden	V A		
5.	SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeors	If Under 1 Yr., If Under 24 Hrs.		
	MIDOWED WIDOWED		2-6-96	last birthday)	Months Doys Hours Min.		
10,	USUAL OCCUPATION (Give kind of work 108, KIND OF			gn country)	12. CITIZEN OF WHAT COUNTRY?		
	de during most of working life, even if retired)				71 - 0		
	Custodian AACo.	Bd. Educat:	10n I TALV	AE	USA		
13	FATHER'S NAME						
	Pete Legambi		CAROLII	ve Vazzana	a		
	Wos Deceased Ever in U. S. Armed Forces? s,no arunknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	NO	2114-12-516/2	Mrs. Mary Sny	vder Legam	bi Same		
\vdash	18, / ()	CAUSE OF DEAT	H	dor Dogami	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	A ANNAFOLATE CAL	SE Car dio - pr A CONSEQUENCE OF:	elmonom in	210 7 5		
	(This daes not mean the mode of dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	(2		
	heart foilure, osthenio, etc. It meons the diseose, injury or complication which caused death.)	0 m. 0	estine Hear	& Farling			
1	ANTECEDENT CAUSES	10 70	escono redicado	A taxonia	to In some to		
	DISEASES OR CONDITIONS, if ony, giving	(B) PLUE TO OR AS	A CONSEQUENCE OF:	or or or or or	0,000		
	rise to the obove cause (A) stating the	04 2	Town Kustoc	ar Aid of	0-15		
	UNDERLYING CONDITION last.	(c) touch	ison Augus	qualitat or	79		
	11	,					
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Puntar	ic him mola	sea Post.	- Oh		
AT	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	1/2/01/01	The state of the s				
ERTIFIC	194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?		
CE	21A. ACCIDENT WAS UNDERLYING 21B	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)		
A	OR CONTRIBUTING CAUSE OF hom	ne, form, factory, street, al	fice bldg., INJURY OCCUR?				
U	h	Lon	74				
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, OF INJURY	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
2	(APPROX.) Wh	rk At Work					
	22. 1 certify that (1) (this hospital) attended t	he deceased from 10	1-20-69 1	969 to 11-	3 19 69 ,		
	that (1) (we) last saw the deceased alive an 11-3- (1 A im.) 19 6.7 and that in (No) (aur) apinian death occurred an the date						
	and haur and from the causes stated above.						
	23A. SIGNATURE	The tare tare	The bady when deaths		23 B, DATE SIGNED		
	1 1 Man		ending Med.		11-3-69		
	myling of the state of the stat	DEGREE Phy		Staff Phys.	11-501		
	23C. PHYSKEIAN'S NAME (Type)	BAUNO	23D. ADDRESS B F-1	_			
	NAPOLEON	DEGREE	2441				
24	A. BURIAL CREMATION, 248. DATE 24C. N. REMOVAL (Specify)	AME of CEMETERY of CRI	MATORY 24D. LO	OCATION (City	, town, or county) (State)		
		len Haven		llen Burnie	n Ma		
25	A. DATE REC'D BY HEALTH DEPT. 259. NAME (DE REGISTRAR	25C. FUNERAL DIRECTOR	Ten burnit	Ritchie Hgy.		
1	LOV & 1000 July El Jarpen	6000	George J.	Ma 24 22	KITCHIE Hgy.		
VS	150-REV. 1/1/68	7 4	Al Haltimore	Md. 2122)		



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV, 1/1/68

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	00	10971	CERTIFICA	TE OF DEATH	REG. NO.	69 10971
BIRTH NO.	FCFA SED				ND HOUR OF DEA	Ťu.
(Tunn on Driet)	AHER, William	Togonh	Im		mber 5, 19	
	ALTIMORE MARYLAND, W			4. USUAL RESIDENCE (Who	eie deceosed lived. I	f institution; residence before odmis
TIF	ICATE A	MEN	DED-11/1/6	A. STATE B. COU		1 200
OR NAME O	ADDRESS OR LOC	ATION	TON GOVE STREET	Maryland	But	Co, 53-00
NSTITUTION				C. CITY OR TOWN		NSIDE CITY LIMITS?
10	Veterans Admin			Baltimore		YES X NO
20	3900 Loch Rav	en Blvd.		E. STREET AND NUMBER	mu /	00 4 3 5
	Baltimore, Ma			1566 Ridg		03 Academy Road
sex Male	6. RACE White	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Haus M
White	Male	WIDOWED [4/9/27	42	
	CUPATION (Give kind of wor of working lile, even if retired)	k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COU
Carper		unem	ployed	Baltimore, M	(d	USA
3. FATHER'S N		wiell.	12-10 J oc	14. MOTHER'S MAIDEN NA		y.ma
	lliam J. Sr.			Mildred Danne	*	
5. Was Deceas Yes, na ar unkno	ed Ever in U. S. Armed Fo wn) (If yes, give was ar date	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Patsv Fe	ndlev. sis	ter - 603 Academy
MRS	5/23/15 - 7	13/16	216-20-5052	VA Hospital Re		
18,	9/23/43 - 1	/)/40	CAUSE OF DEAT			APPROXIMATE INTER
DISE	ASE OR CONDITION DI	DECTIV		Pulmonary en	holiem ene	mected BETWEEN ONSET AND
Disc	LEADING TO DEATH	RECILI		•	DOTTON 200	sudden
(This does	nal mean the made of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	,	Staten
	e, asthenia, etc. It means amplication which caused		50210, 511 45	A CONTRACTOR OF		
injury di c						
-	ANTECEDENT CAUSES		(B) Caro	cinoma of lungs	premmably	unknown
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
		stating the				
	the above cause (A)	stating the	(c)			
	the abave cause (A)	stating the	(C)			
UNDERLYI	the abave cause (A) NG CONDITION last.	ONTRIBUTING	(c)			
OTHER SIGN TO THE DE	the abave cause (A) NG CONDITION last. II WIFICANT CONDITIONS CO ATH BUT NOT RELATED TO 1	ONTRIBUTING	(c)			
NOTHER SIGN TO THE DE DISEASE OF	the abave cause (A) NG CONDITION last. II VIFICANT CONDITION'S CONDITION OF CONDITION GIVEN IN PART OF OPERATION 198. CONDITION GIVEN IN PART OF OPERATION 198. CONDITION OF	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or N		
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UNDERLYI OTHER SIGN TO THE DE DISEASE DISEASE 10/16 21A. ACCIE OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certi that M/(w and haur c 23A. SIGN A	the abave cause (A) NG CONDITION last. II VIFICANT CONDITIONS COATH BUT NOT RELATED TO IT CONDITION GIVEN IN PAI OF OPERATION 1986. CON SENT WAS UNDERLYING BUT ING CAUSE OF ify medicol examiner) (Month) (Day) (Year) fy that (Y) (this haspita e) last saw the decease and fram the causes starture	ONTRIBUTING (HE TERMINAL RIT 1 (A). NOTION FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wot I) attended the	WHICH OPERATION On & Laminecto PLACE OF INJURY (e.g., e. farm, factory, street, of the street,	20 A. AUTOPSY? (Yes or Nony NO in all about 21 C. WHERE DID iffice bidg., INJURY OCCUR? 21 F. HOW DID IN 19 69 ond to view the body after death. ending Med. Director	O) 20B. IF YES, WE IN CERTIFYING (If in Baltin JURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location) DVember 5th 1969 apinion death accurred on the
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UNDERLYI OTHER SIGN TO THE DE DISEASO TE LO/16 10/16 21A. ACCIT OR CONTR DEATH IND 21D. TIME OF INJUNY (APPROX.) 22. I certi that IV (w and haur of 23A. SIGNA 23C. PHYSIC NAME 24A. BURIAL C REMOVAI BURIAL	the abave cause (A) NG CONDITION last. II VIFICANT CONDITIONS COATH BUT NOT RELATED TO IT CONDITION GIVEN IN PAR OF OPERATION 1986. CON VINCENT WAS UNDERLYING BUTING CAUSE OF ify medicol examiner) (Month) (Doy) (Yeor) fy that (Y) (this haspita e) last saw the decease and fram the causes stature TURE CAUSE OF CAU	ONTRIBUTING (HE TERMINAL RIT 1 (A). NOTION FOR V HORMED 218. hom etc.) (Hour) 218. Whi Wor 1) attended the ed alive an ited abave. (V	MHICH OPERATION On & Laminecto PLACE OF INJURY (e.g., e., form, foctory, street, or INJURY OCCURRED The deceased from	20 A. AUTOPSY? (Yes or Nony NO in all obout 21 C. WHERE DID iffice bidg., INJURY OCCUR? 21 F. HOW DID IN 19 69 and tiview the body after death. 23 D. ADDRESS 3900 In Baltima EMATORY 24 D.	JURY OCCUR? 1969 to No hat in hat) (aur) och Raven Bore, Maryla	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exect location) DVEMBER 5th 1969 apinion death accurred on the 238, DATE SIGNED 11/5/69 Boulevard and 21218

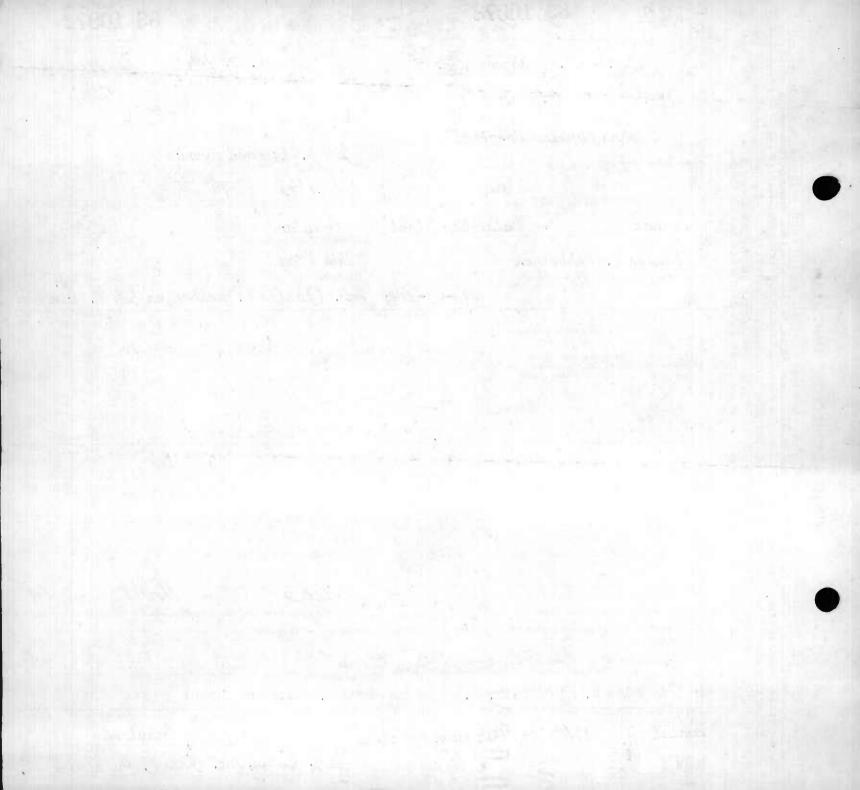
11/11/69 - Correction form from funeral director.

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VS 150-REV. 1/1/6B

Such

R-162 69 10	OPPO BALTIMORE CITY	HEALTH DEPARTMENT		00 1000
7) -162	CERTIFICA	TE OF DEATH	REG. NO	69 10972
BIRTH NO.	0-1111111111111111111111111111111111111		ND HOUR OF DEATH	
Type or Print)	7			
3. PLACE IN BALTIMORE MARYLAND, WHERE I	engen, In.	WOV.	2, 169	institution: residence before admission)
S. PLACE IN BALLIMORE MARIEAND, WHERE	KONOUNCED DEAD	A, STATE B. COUN	NTY	Hashonon. Testagnee belove commission.
FULL NAME OF OF HOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Maryland		101
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
00 01 11 1. 11	.,,	Baltimore		YES 🔼 NO 🗌
33 Johns Hopkins Ho	spital	E. STREET AND NUMBER	1.4	
		524 N. Linux	ood Avenue	
SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years	if Under 1 Yr. If Under 24 Hrs.
M WID	OWED DIVORCED	10/25/193	lost bietheray)	retornis Doys Hours retir,
DA. USUAL OCCUPATION (Give kind of wark 10 B, KI		11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working tife, even if retired)	1111 611	01 1 1		1101
	ethlehem Steel	Maryland		USA
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Charles C. Rehberger		Ida FRay		
. Was Deceased Ever in U. S. Armed Forces?	1 6, SOCIAL	17. INFORMANT	1811	ADDRESS AV.
'es, no or unknown) (If yes, give wor or dates of se	27 3_(10_2/1/19	Mrs. Charles	(Robbons	per 524 N. Linwood
No	CAUSE OF DEAT	0	C. Keltberg	APPROXIMATE INTERVAL
heart failure, ashlenia, etc. II means the di injury or camplication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obave cause (A) statin UNDERLYING CONDITION tast. II OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	giving (B) AS giving (C) CACC ITING AINAL FOR WHICH OPERATION		0) 20B. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?
21D. TIME (Month) (Doy) (Yeot) (Hou OF INJURY (APPROX.)	white At Not While At Work	21F. HOW DID IN	IURY OCCUR?	
22. I certify that (1) (this haspital) after that (1) (we) last sow the deceased oliv	(+ 7	7 /0	19 to A	1969
and haur and from the couses stated ab	ove. (1) (We) (did) (did not) v	view the body ofter death.		
23A. SIGNATURE	1'			23 B. DATE SIGNED
Chearles / KACM		ending Med.	Slaff	November 5, 1969
23C. PHYSICIAN'S	DEGREE Phy	s. W Director LJ 23D. ADDRESS	Phys.	1404611061 7, 1303
Charles C. MacMinn,			re Street	
	DEGREE			
REMOVAL (Specify) 24B. DATE	24C. NAME of CEMETERY of CR	EMATORY 24D. L	OCATION	City, town, or county) (Stote)
Burial 11/6/169	Oak Lawn Cemete	R.	14:	Maryland
11/0/ ()/	AMAE OF BE STRAR	925C. FUNERAL DIRECTO		ADDRESS
NOV 7 1969 Calcul E. Va	was a second	John A. Morar	, Inc. 3000	O E. Baltimore St.



IMPORTANT DIRECTOR: FUNERAL

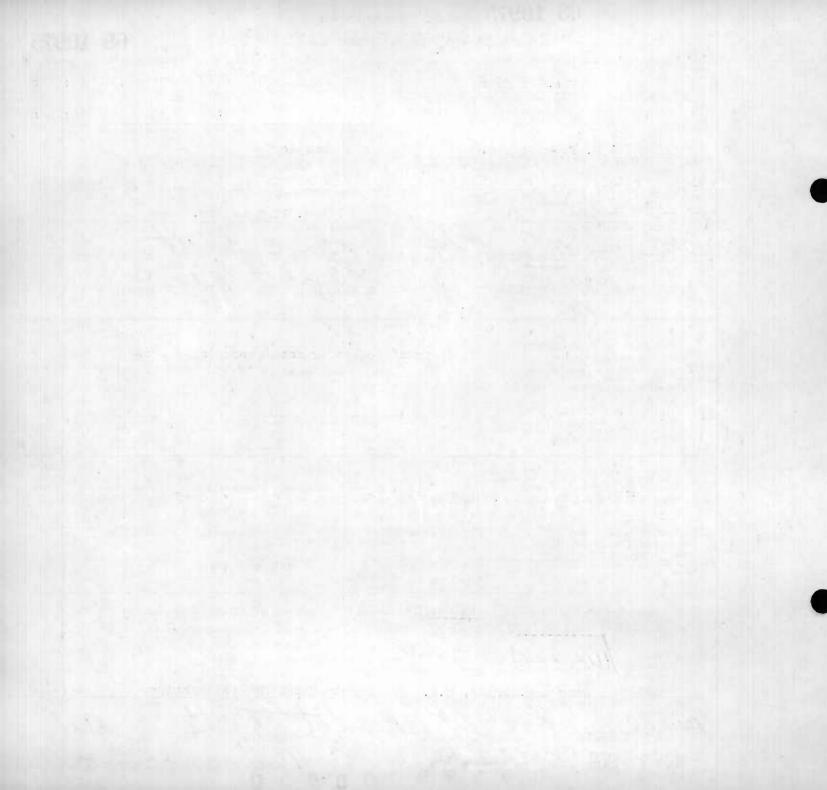
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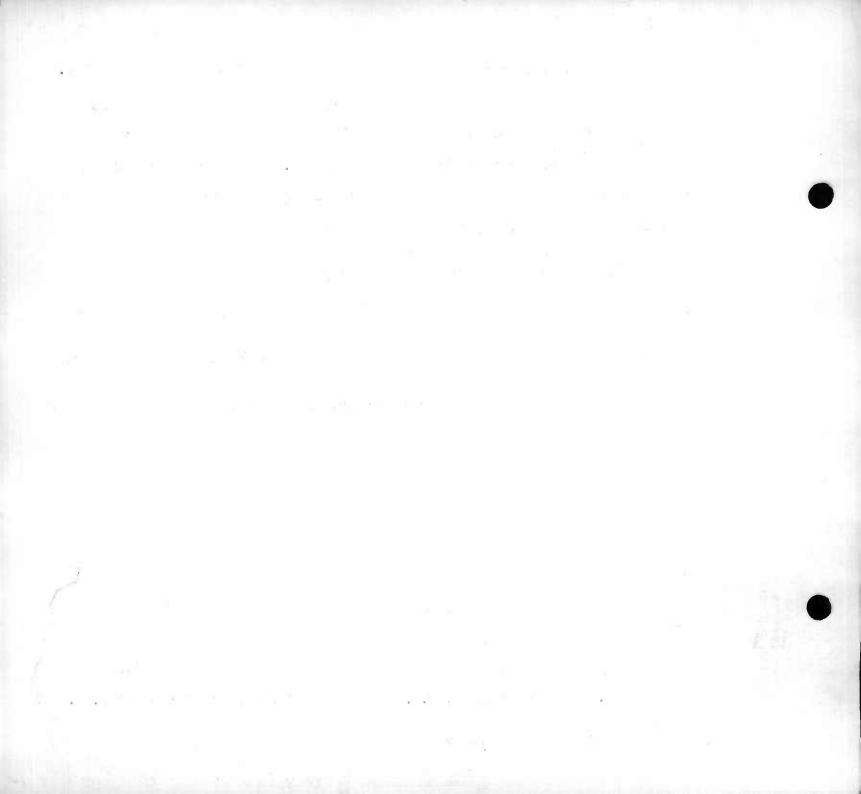
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M-536	BALTIMORE CITY	HEALTH DEPARTMENT	6	9 10974		
BIRTH NO. 69 10	97A CERTIFICA	TE OF DEATH	REG. NO.	0 100/1		
1. NAME OF DECEASED (Type or Print)	014 01		D HOUR OF DEATH	11:50 PM M		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When		titution: residence before odmission)		
FULL NAME OF (IF NOT IN HOSPITAL OR IN: HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	WALATA MANA		DE CITY LIMITS?		
Lutheran Hospital		Baltimore		YES P NO		
46		1710 MSK	ean Aven	oue la		
MALE NEGRO 7. MARRI WIDOW	= =	B. DATE OF BIRTH	9. AGE (In years lost birthday)	il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during nost of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	of var			
unknown		11 alon	revo			
S. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INPORMANT		ADDRESS		
(Yes, no or unknown) (If yes, give wor or dotes of service)	20-05-1969	Rose Mi	tchell-1	710 ME Kein Ere		
18.4 12,4	CAUSE OF DEAT	A SCVD		APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ER'S	cont pl)	1		
	(A) MAMEDIATE CAL	A CONSEQUENCE OF:	gararia			
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc injury or complication which caused deoth.)	The state of the s	I died a	1000			
ANTECEDENT CAUSES	\$ J. (8)	as_	he reached			
DISEASES OR CONDITIONS, if any, give	BUE TO, OR AS	A CONSEQUENCE OF:	Pe			
rise to the obove couse (A) stating UNDERLYING CONDITION last.	J. (c)8-		-100 Y			
O THER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM NOT DISEASE OR CONDITION GIVEN IN PART 1 (A)						
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED		
198. CONDITION FOR WAS PERFORMED			IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, lorm, loctory, street, o etc.)	n or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)		
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
OF INJURY (APPROX.)	While At Not While Work At Work	e 🗌				
22. I certify that (Mthis hasnital) attends			10 to	1969.		
22. I certify that (Withis haspital) attended the deceased from 19 ta 1.4 1969., that (N) (ve) lost saw the deceased alive an 1.4 1969. and that in (my) (aur) apinion death occurred on the date						
and hour and from the couses stated above			., (,, , , ==,, =p			
23A. SIGNATURE	, y, (, (ala) (alaylol) (Tew The body offer deoms		23B, DATE SIGNED		
Duntle	DEGREE Phy	nding Med. Director	Shaff Phys.			
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	16 4	21 10		
ZAHRERAHN	NAD KIDAN DEGREE	70 Lother	-an Hosp	10		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	MATORY 24D. L	PCATION CIT	y, town, or county) (State)		
Bural 11/8/69 7	nt luchur	Cem 2	alto M	digland		
25A. DATE FECT BY HEATH THE BEST	OF RACITIERAR	25C FUNERAL DIRECTOR	100	ADDRESS COM		
VS 1S0-REV, 1/1/6B	7.0.0) gad reng	nou 182	10. Morehune		
0 100 NETS 1/1/00				Cy .		

87 1/8/m f andrew Buries 19/9/69 not likelier Com Butto Mile Enter Last Cilman 18792 Teles



	G-612 00 10	BALTIMORE CITY	HEALTH DEPARTMENT		00		
	BIRTH NO. 09 103	976 CERTIFICA	TE OF DEATH	REG. NO.	69 10976		
	1. NAME OF DECEASED (Type or Print)			ID HOUR OF DEATH			
	Randoll Grave	sandee		11/5/69	9 P		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			nstitution: residence before admission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	Maryland c.city or town		1510			
	PROVIDENT HOSPITA	Baltimore	D. INS	YES X NO			
	39 1514 DIVISION STR	E. STREET AND NUMBER		153 4 140			
de.	BALTIMORE, MARYLA	ND 21217	4048 W. Col	d Spring La	ne 21215		
is ma	5. SEX 6. RACE 7. MARI			9. AGE (in years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Deys Hours Min.		
	10A. USUAL OCCUPATION (Give kind of work 10B. KIN		3-17-1895	74			
isposition	gone during most of Moterus lite' east it telled)	etired	India	gn country)	12. CITIZEN OF WHAT COUNTRY?		
051	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE 4			
Sp	Kandold Dune	sa la	modaLee	10	Ga &		
0	15. Wes Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (I) yes, give wer at doles of servi	1 6. SOCIAL	17. INFORMANT	NO PT	ADDRESS		
בו	1/0	SECURITY NO.	M. C M.	/			
0	18. 1/ / / /	CAUSE OF DEATH	1 43, CHAPIE (8)	rtursande	APPROXIMATE INTERVAL		
De	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH					
Ē	(This does not mean the mode of dying	3 months					
00	heart failure, asthenio, etc. 11 means the dise injury ar complication which caused death.)	heart failure, ashenia, etc. Il means the disagree					
6	ANTECEDENT CAUSES						
0 0	DISEASES OR CONDITIONS, if any, give	1 years					
vs	uise la the above cause (A) stating UNDERLYING CONDITION last.						
remain	, II						
	O THE SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL					
100	DISEASE OR CONDITION GIVEN IN PART 1 [A].	***************************************	(20A. AUTOPSY? (Yes or No)	20R IF YES WEDE I	INDINGS CONSIDERED		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING TO			IN CERTIFYING CA	INDINGS CONSIDERED USES OF DEATH?		
- 11	OR COMPANY OF THE PROPERTY OF	21B. PLACE OF INJURY le.g., in heme, form, foctory, street, affi	or about 21 C. WHERE DID	(II In Bolilmer	City, give exoci locotion)		
		elc.) 21 E INJURY OCCURRED					
	S OF INJURY	While At Not While	21F. HOW DID INJU	RY OCCUR?			
		ALCIN TO MI ANGIN					
0	22. I certify that (I) (this hospital) attende				/5/69 19		
5	that (1) (we) last saw the deceased alive an 11/5/69 19 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.						
15011	23A-SIGNATURE	- (1) (we) (did) (did nat) vi	ew the bady after death.		238, DATE SIGNED		
	Lawrence Giller	Affen	ding Med. Spirector P	hys.	11/6/69		
	23C.PHYSICIAN'S NAME (Type) C. Francis The	DEGREE 177	D. ADDRESS				
ld da	G. Franklin Ph		558 McM	echen Stree	t; Balto. M. #17		
3	24A. BURIAL CREMATION, 24B. DATE 24C	NAME OF CEMETERY OF CREA	AATORY 24D. LO	CATION (Cit	y, town, or county) (Stole)		
	Rusial 11-7-69	Arbutus Man	w. Park A	Lebitus	MI.		
	NOV 7 1969 3 Gent E	REGISTRAR	25C. FUNERAL DIRECTOR	1//	ADDRESS		
	'S 150-REV. 1/1/68	690	Throng Or	Wilson	1000 Browley A		



69 10977 BALTIMORE CITY HEALTH DEPARTMEN

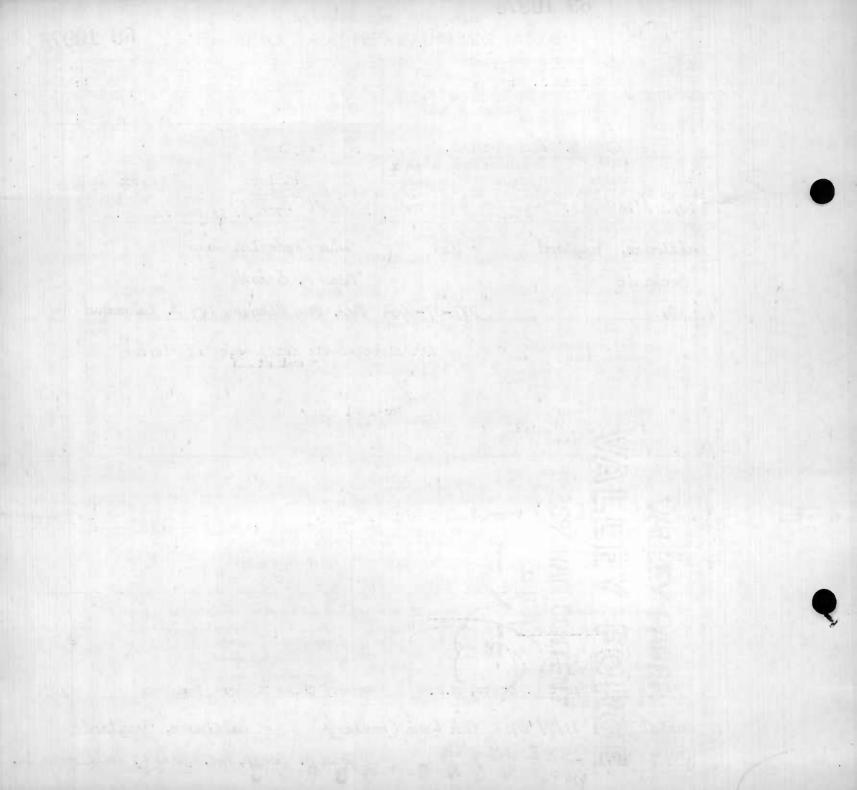
4	-614	145		BALTIMORE CITY HE			DEAT		00	1.0	
DIE	TH NO.	ME	DICAL	EXAMINER'S	EKIIFI	CATE OF	DEAT	REG. NO	69	109	77
-	NAME OF DEC	EASED			2. DATE	Known 🔲	Month	Doy	Yeor	Hour	
	(Type or Print) General Barfield				OF DEATH	Estimated					4.4
4.	PLACE IN BAL	TIMORE, MARYLAND			3. DATE		Month	Doy	Yeor	Hour	М.
	L NAME OF	(IF NOT IN HOS	PITAL OR INSTI	TUTION, GIVE STREET	PRONO	UNCED DEAD	1.1	2	69	2.20	D
	SPITAL INSTITUTION	ÀDDRESS OR LO	CATION)		5. USUAL R	ESIDENCE (Where		ed. if institution:		efore odmiss	ion)
-		222 N. Gi	coope S	(DOA)	A. STATE			B. COUNTY	/	1/11	-
5	SEX	7. RACE			C. CITY OF	Maryland		D. INSIDE CIT	V HAITS?	00	
	ale			ED NEVER MARRIED							
-	DATE OF BIRT	Negro	WIDOW!	BD DIVORCED If Under 1 Yr, If Under 24 Hrs.		Ltimore		YE	sxxx I	ио Ц	
7. [DATE OF BIKT	lost birt	hdoy)	Months Doys Hours Min.							
	0.00-110-1-00-10		3			V. Greene	St.				
11.	BIRTHPLACE	itate or foreign country	1 1	2. CITIZEN OF WHAT COUNTRY?	13. FATHER	S NAME	101	BART	- , - ,	7	
4		GTON P	1,0	11 814		-> ENER	AU	NAMI	-151	, (,)	
don	.USUAL OCCU e during most of v	PATION Give kind of w orking live, even if retire	ork 148. KIND	OF BUSINESS OR INDUSTRY	I IS. MOTHE	R'S MAIDEN NAN	ΛE	2.	100	-	
_		1 chuck				1703E	ITA	PLA	ナして	-	
16. (Ye	WAS DECEAS s, no or unknown	ED EVER IN U.S. ARA	MED FORCES? tes of service)	17. SOCIAL SECURITY NO.	18. INFOR	MANT	1	AD	DRESS	0 1	
Ĺ		20			Col	hert	MRA	low 4	101411	arke	rlu
	19. hop / -	2.4		CAUSE OF DEA	TH				BETW	PROXIMATE INT	ERVAL D DEATH
	DISEAS	E OR CONDITION D	RECTLY	Arteriosc	lerotio	cardiova	scular	disease			
	LEADING TO DEATH (A)IMMEDIATE CAUSE										
	(This does not mean the mode of dying, e.g., heart failure, astherio, etc. It means the disease,										
	Injury or con	nplication which coused	deoth.)								
	ANTECEDENT CAUSES (B)										
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:										
	RISE TO THE	ABOVE CAUSE (A)	STATING THE								
S O				(C)							
F	OTHER SIGN	II IIFICANT CONDITIONS	CONTRIBUTI	NG							
CERTIFICATION	TO THE DE	ATH BUT NOT RELATED	TO THE TERMII								
R				OR WHICH OPERATION W	AS PERFORM	MED			21. AUTO	PSY? (Yes or	No)
ü	2									0.0	
7	22A. FXTER	NAL CAUSE WAS	12	2B. PLACE OF INJURY(e.g.,	in or obout	22C. WHERE DID ((if in Boltimo	re City, give exo		es	_
EDIC.	UNDERLYING	OR CONTRIB-		nome, form, foctory, street, offic					,		
ME		(Month) (Doy) (Yeor) (Hour	22E.INJURY OCCURRED		22F. HOW DID IN.	IURY OCC	JR?			
	OF INJURY	() (50)) ((11001)		WHILE -						
	(APPROX.)		1	m. WORK L AT V	ORK			2-11			
10		ify that I held an	Inquiry [Inspection Au	tapsy X	and that on th	nis basis.	death in my	nninion		
					-				7		
	resui	ted fram: Natural o	ouses &	Accident Suicio		CHIEF MEDICAL E		ned manner L	_		
	ACTUAL	- 1	Park	10.						DATE SIGN	ED
	SIGNAT	y	(110)	M.C).	ISTANT MEDICAL E				11_3_60)
	EXAMIN NAME (D	11 75	Fisher, M.D.	ASS	OCIATE MEDICAL E	XAMINER			11-3-69	,
24	A. BURIAL CREA			24C. NAME of CEMETERY	or CREMATE	DRY 24D	LOCATION	(City, town	, or county) (Stote	e
	MOVAL (Speci		6-111	milla 1.	11/	140		0	-	mi	
4	June	11-	67-		My C	al H	KUNI		O r	0100	_
25.	A. DATE REC'D	BY HEALTH DEPTO	B E 25 EN	ME OF REGISTRAR	25C.	EUNERAL DIRECTO	OR .	Al	DDRESS		1
	MAA.	1202			1/9	1204 (N1	Ulas	MINUS	Bern	this	u
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Westmand W.C. Chenoche Dakfieud
Rosetta Black

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Moran, Inc. 3000 E.

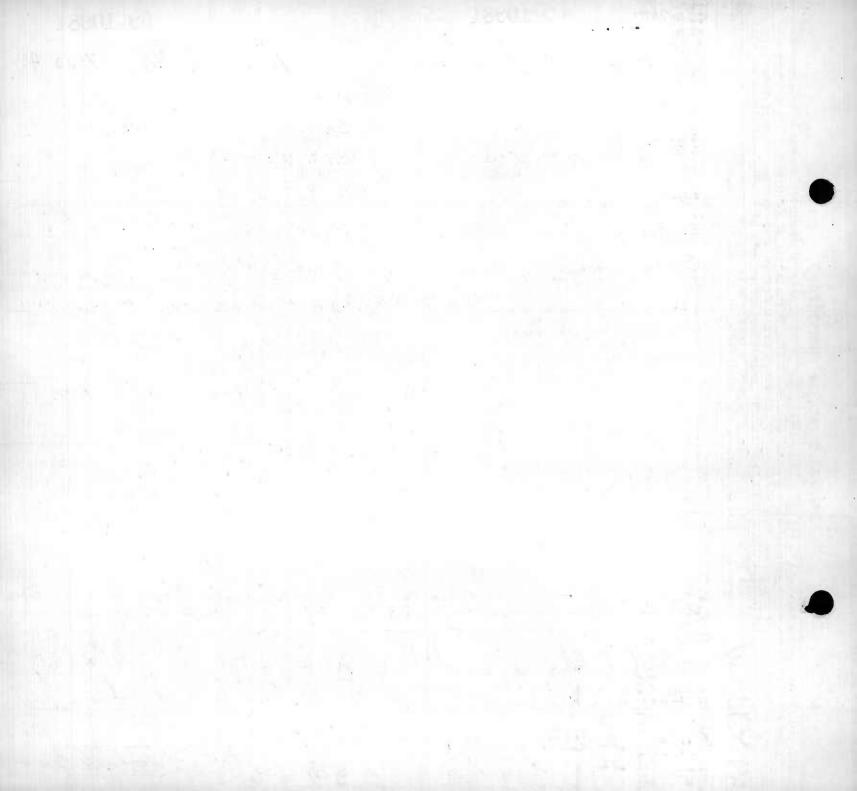


5 69 10979 BALTIMORE CITY HEA	ALTH DEPARTMENT
5-650 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH PEG NO 69 10979
BIRTH NO.	ERTIFICATE OF DEATH REG. NO. 69 10979
1. NAME OF DECEASED	2. DATE Known & Month Doy Year Hour
(Type or Print) Raymond B. Brehm	DEATH Estimoted 11 3 69 \$5:04 p.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 11 3 69 5:04 p M. 5. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
21	A. STATE B. COUNTY
6. SEX 7. RACE B. MARRIED TAISVER MARRIED TO	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARKIED NEVER MARKIED	
male white WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. If Under 24 Hrs.	Baltimps Primore YES NO
Nov. 2, 156 lostbighdov) Annths, Doys, Hours, Min.	109 N. Clinton St.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, "anyland WHST GOUNTRY?	Joseph Brehm
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
School School	Helen Mangus
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no grunknown) (If yes, give wor or doles of service) SECURITY NO.	Mr. John (. "angus 109 N. Clinton St
19.5 CAUSE OF DEAT	H APPROXIMATE INTERVAL
< / < 0, D	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AUSE Exsanguination
(This does not meon the mode of dying, e.g.,	S A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
Ma.	14inle oute
	Itiple cuts as a consequence of:
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (C)	MODERNOON OF THE CONTROL OF THE CONT
9	
OF COLUMN (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	
DISEASE OF CONDITION GIVEN IN PART 1 (A).	S PERFORMED 21. AUTOPSY? (Yes or No)
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED
	partial
O HAIDERIVING MOR CONTRIB	in or obout 22C. WHERE DID (If in Boltimore City, give exect location) bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH. home	backyard - 109 N. Clinton St.
I OF INTITIES	22F. HOW DID INJURY OCCUR? bottle containing dry
(APPROX.) 11 3 69 4:30 p. WHILE AT AT WORK	
	rtial
	apsy 🔀 and that an this basis, death in my apinlan
resulted from:/Natural causesAccident _X Suicid	
ACTUAL //// 1 COD	CHIEF MEDICAL EXAMINER L
SIGNATURE MANAGEMENT	ASSISTANT MEDICAL EXAMINED
EXAMINER'S TICKER IN COSTA AND D	associate Medical Examiner 11/4/69
(-///	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	
Burial 11/7/169 Dak Lawn Ceme	eteny Baltimone, "anyland 25c. FUNERAL DIRECTOR ADDRESS
25A. DATE REC'D BY HEALTH DEPT	
NOV 7 1969 Napers -	John A. Moran, Inc. 3000 E. Baltimore
NOT TO A VIOLATION	O O A A
VS 151-REV. 1/1/6B / V Y O / J J J J	11 (1 7 1) 61

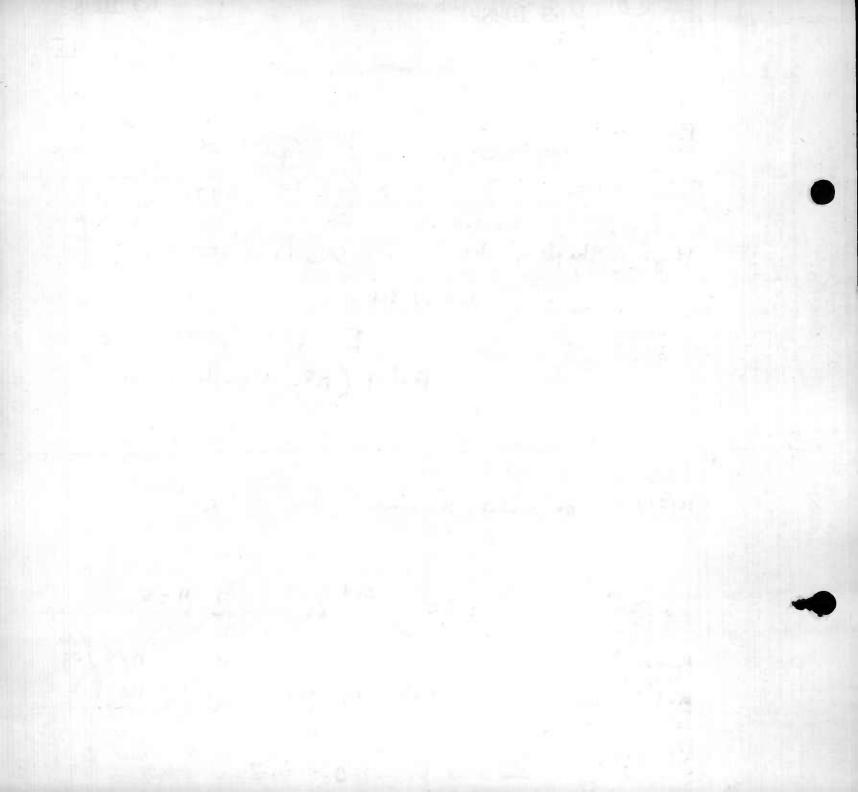
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CHUTCH STATE WEST I see Whitelester Day TOBE BEARS ZELDE F THE SHARE THE PROPERTY OF THE SHARE SHARE preside the letter their SALTE. MID. JE. CORNELLY SORS yes have

D-240 69 10	1981 BALTIMORE CIT	Y HEALTH DEPARTMENT	REG. NO.	CO 40004
BIRTH NO.	CERTIFICA	ATE OF DEATH		69 10981
(Type or Print) Helen M.	DASHIEll	2. DATE AND	5 19	69 7:00 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where d	eceased lived. If in	nskitution: residence before odmissi
FULL NAME OF (IF NOT IN HOSPITAL OF	INSTITUTION, GIVE STREET	Md.		.15/0
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
4402 WhiteBAK A	ve.	E STREET AND NUMBER		YES NO .
00 BAltimore, 1	74.	4402 Whitee	AK AUG	
200	ARRIED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
F. W WIE	OOWED DIVORCED	14/2/1879	90	77.0
OA. USUAL OCCUPATION (Give kind of work 108. It lone during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUN
Sectary		BAlto. Md.		26.5A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
OSCAR DASHIEll		DANC HOI	brook	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		150 Sillery BAY
NO	212-32-1245	John H. DASK	riell dr.	PASADENA MO
18.412.317-15	CAUSE OF DEA	TH		APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTL	Υ /	1-1	4-11	A 5.
(This does not mean the made of dying	(A) IMMEDIATE CA	AUSE (Slenj - Jeles S A CONSEQUENCE OF:	our free	7 77.
heart lailure, asthenia, etc. It means the d injury ar camplication which coused death	lisease,	S A CONSEQUENCE OF:	Duran	2,
ANTECEDENT CAUSES	P	.10		11, 7
DISEASES OR CONDITIONS, if any,	(B) Var	conoma of l'a	neseur	1 0 mone
rise to the above cause (A) statis	3 3	The second secon		
UNDERLYING CONDITION last.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING 9	1-10+.	8.0	
TO THE DEATH BUT NOT RELATED TO THE TER	MINAL Jener	any and	secon	7-
U 19A, DATE OF OPERATION 198, CONDITION	N FOR WHICH OPERATION			FINDINGS CONSIDERED
E ()				
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	home, form, factory, street,	office bldg., INJURY OCCUR?	(If in Boltima	re City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Ho		215 110 14 212 1111112	0.001170	
OF INJURY	While At Not Wi	21F. HOW DID INJURY	OCCUR!	
(APPROX.)	Work At Wo	k L		,
22. I certify that (I) (this ho-pital) atte	ended the deceased fram	Tal. 2 M 19	63 10 No	V, 5 196
that (1) (we) last saw the deceased ali	ve an Unit. 28	19 67 and that i	in(my) (aur) ap	inian death accurred an the
and have and from the causes stated at	oave. (1) (We) (did) (d id nor)	view the bady after death.		
23A. SIGNATURE	m.D.	water and the state of the stat		23B, DATE SIGNED
Earl L. Chaml		Hending Med. Sta Director Phy		11/5/69
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	0 .	10-Al E
Farl L. Chambe	1-5- M. DEGRE	100 W. Gold	Jany 1	/ Inlo- Me
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY 24D. LOCA	ATION (C	Try, town, or county) (Sta
Burial, 11/8/69	Druid Ridge	(Smetery Bx	a/to.	Ma
NOV TO TORY	AME OF MGISTRAR	25C. FUNERAL DIRECTOR	Blube	ADDRESS
MOA (1202 146,000 41)	00000	a Singleiton +	-UNGCAL	Hme/ Blankrike
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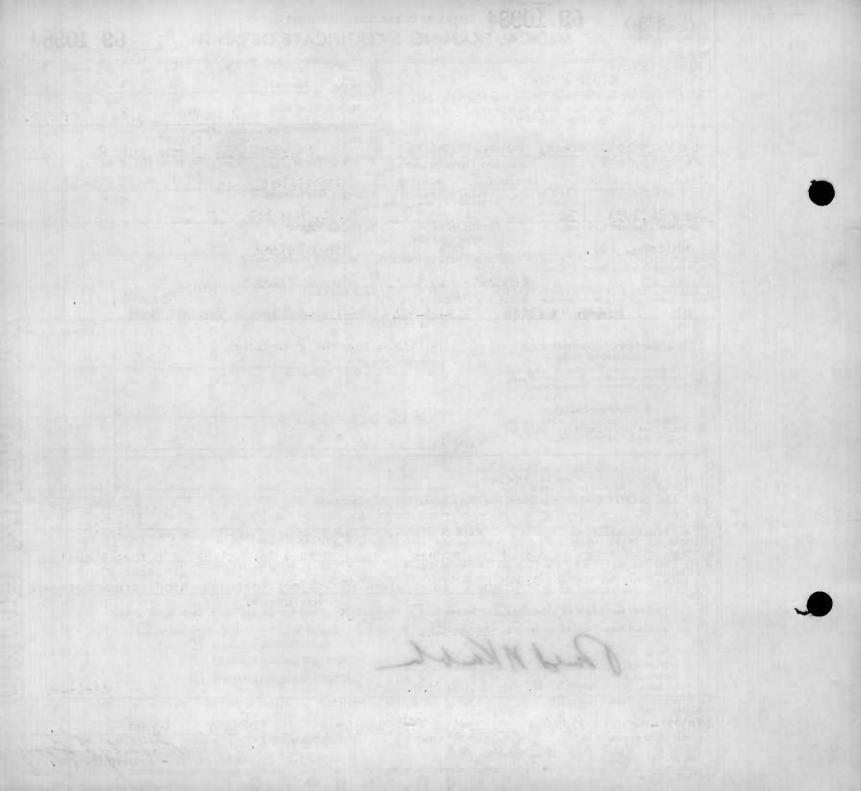


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11/26/69 - Verification from So. Baltimore General Hospital,
Medical Records.

69 10084 BALTIMORE CITY HEALTH DEPARTMENT

W-560 03	TOGOT PALIMOKE CITTURE	CEDTIEICATE OF DEATH	60 10094
BIRTH NO.	DICAL EXAMINERS	CERTIFICATE OF DEATH	REG. NO. 69 10984
1. NAME OF DECEASED		2. DATE Known Month	Doy Year Hour
Clark wel		OF DEATH Estimated	M
4. PLACE IN BALTIMORE, MARYLAND,	• • • • • • • • • • • • • • • • • • • •	3. DATE Month	Day Year Hour
HOSPITAL ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD Novemb	er 4, 1969 9:25 P.
OR INSTITUTION		5. USUAL RESIDENCE (Where deceased live A. STATE	d. If institution: residence before admission)
South Balto. Genera	1 Hospital (DOA)	Maryland	Anne Arundel 5
6. SEX 7. RACE	8. MARRIED NEVER MARRIED		D. INSIDE CITY LIMITS?
Male White	WIDOWED DIVORCED	Gambilla	YES NO D
9. DATE OF BIRTH 10. AGE (E. STREET AND NUMBER	
June 10.1933 36		Rt. 2, Box 131	
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME	
Chicago, Ill.	WHAT COUNTRY? USA	Harry Weimer	
14A. USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired)	414B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
forman	concrete plant	Hannah Clark	
16. WAS DECEASED EVER IN U.S. ARME (Yes, no or unknown) (If yes, give war or doles	D FORCES? 117, SOCIAL	18. INFORMANT	Chicago, Ill.
wes Korean Con		Moeller-Hallerman Fune	ral Home
19.	CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	ecrly Multiple	traumatic injuries	BETWEEN ONSE! AND DEATH
LEADING TO DEATH	(IMMEDIATE (
(This does not mean the mode of d heart failure, osthenio, étc. It means th injury or complication which caused de	VIDA AA	AS A CONSEQUENCE OF:	
injury or complication which caused de	eolh.)		
ANTECEDENT CAUSES	(8)		
DISEASES OR CONDITIONS, IF AN	Y, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
_ I UNDERLIING CONDITION LAST.	(c)		
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN F	(0)		
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING		
DISEASE OR CONDITION GIVEN IN	PART 1 (A).		
20A. DATE OF OPERATION 20B. CO	NDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
			ves
UNDERLYING OR CONTRIB-	228. PLACE OF INJURY (e.g., home, farm, factory, street, office	in or about 22C. WHERE DID (If in Boitimore	City, give exect location)
UTING CAUSE OF DEATH.	street	Pottes St Evit#3	of Harbor Tunnel
DE INJURY (Month) (Day) (Year		22F. HOW DID INJURY OCCUR	(Passenger)
OF INJURY (APPROX.) NOV. 4, 1969	8:50Pm. WHILE AT WORK	Subject in truck	which struck rail and
23.		_ overturned.	
		opsy X and that on this basis, de	
resulted from: Natural cau	uses Accident Suicid		d monner
ACTUAL /	121/-11	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE Muly	11 cours in Ma	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S NAME (Type) Ronald	N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	11-5-69
24A. BURIAL CREMATION. 124B. DATE	24C. NAME of CEMETERY	or CREMATORY 24D, LOCATION	(City, town, or county) (State)
REMOVAL (Specify)			
Removal - Burial 11/8/0	69 Irving Park (Cooke 111.
MOV.7 10CO O.A. A	E Saber M.D.	25 CBEUNERAL DIRECTOR Hoppin	
401 1 1002 lakes		HOPPING FUNELL HO	ME - Anna polis, de
VS 151-REV. 1/1/68	1 1		7



1509 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). CERTIFICATIO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB-UTING CAUSE OF DEATH. home 1838 E. Madison Ave. (Hour) 22E.INJURY OCCURRED 22D. TIME (Month) OF INJURY NOT WHILE (APPROX.) WORK AT WORK stabbed during altercation 23 Autopsy X I certify that I held an Inspection and that an this basis, death in my apinian Inquiry Hamicide K resulted fram: Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER M.D SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S Deputy Chief Medical Examiner 11/4/69 Werner U. Spitz M.D. NAME (Type) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION 24A. BURIAL CREMATION. (City, lown, or county) (State)

25C. FUNERAL DIRECTOR

ADDRESS

REMOVAL (Specify) USIAL

VS 151-REV. 1/1/6B

254. DATE REC'D BY HEALTH DERT

curies mas U.S. IT. CHAKLES MILLER ND

1888 E VALUE - 33

PROJULE KONDER BUSINESS VERA JONES

219-30-5259 MR. William Miller ELLAMONT St.

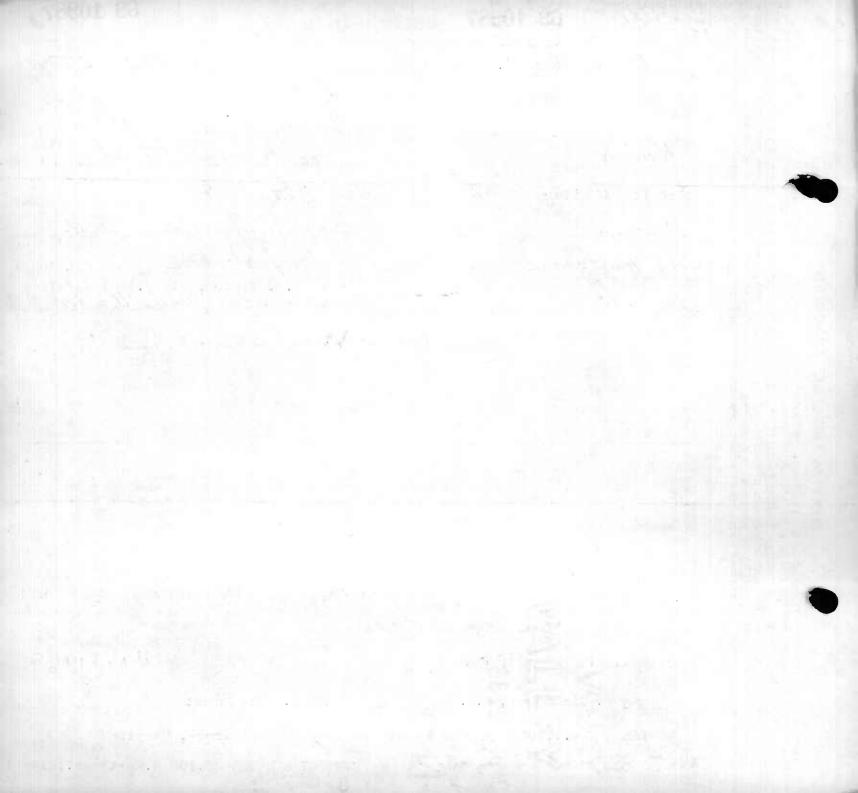
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FUNERAL DIRECTOR:

VS 150-REV, 1/1/6B

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VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B

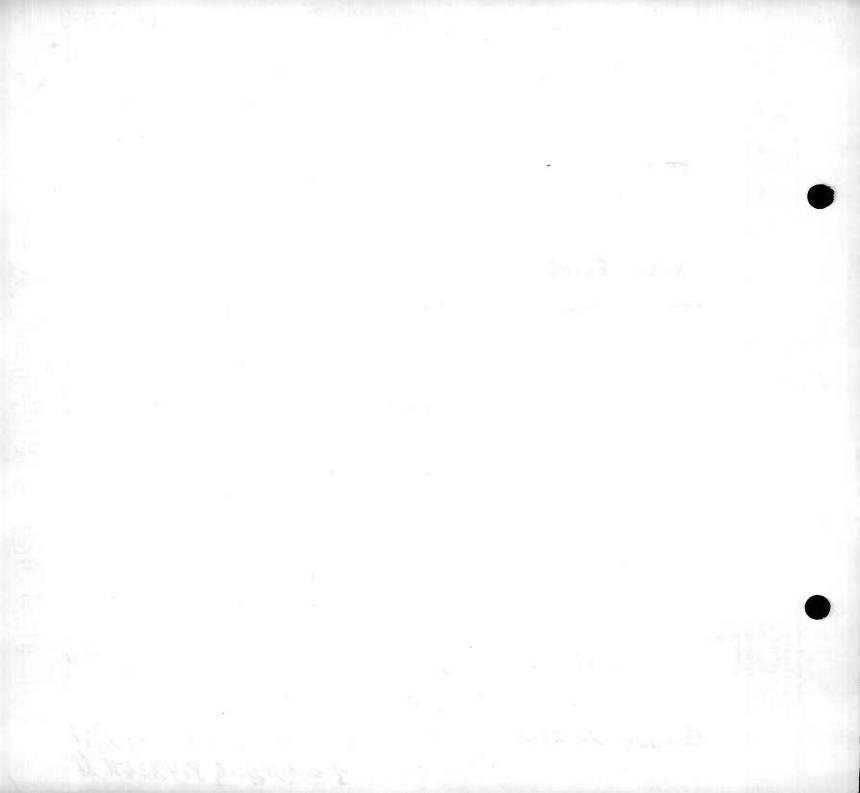
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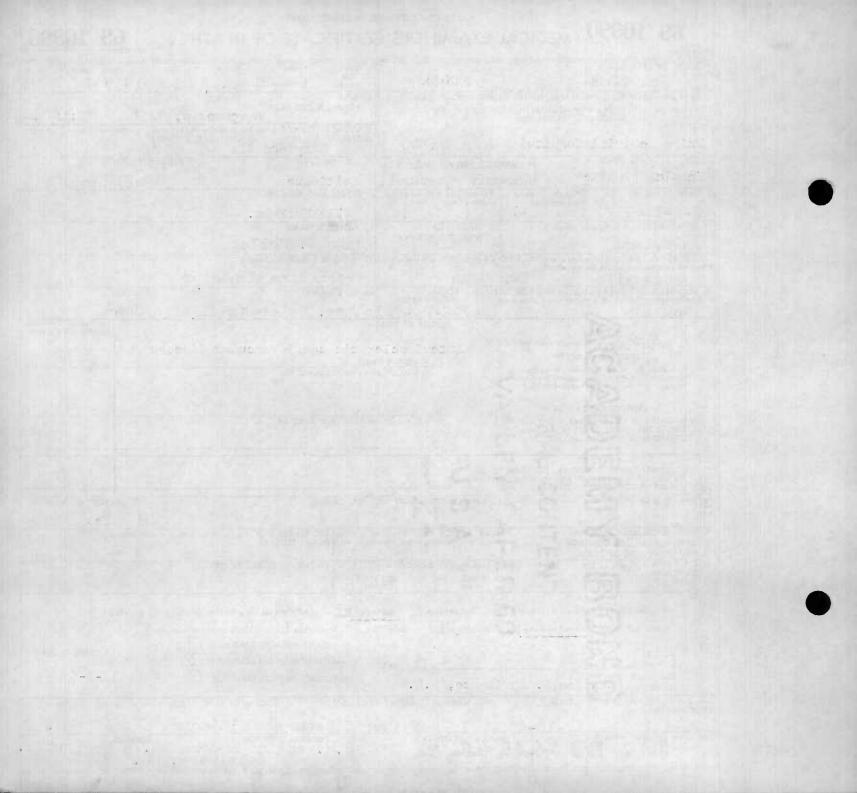
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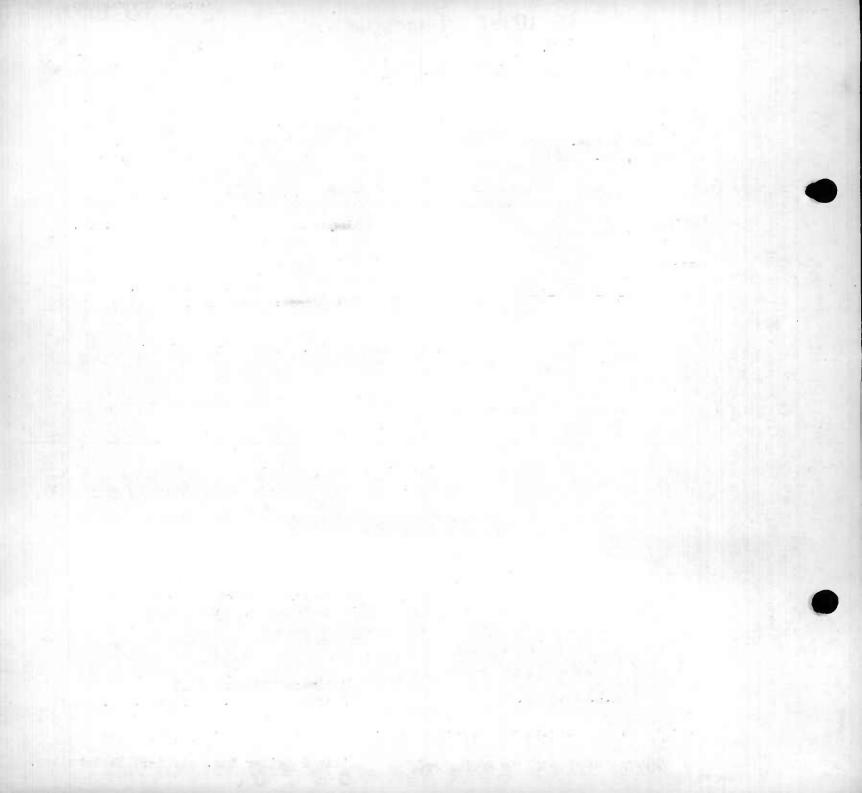
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BALTIMORE CITY HEALTH DEPARTMENT

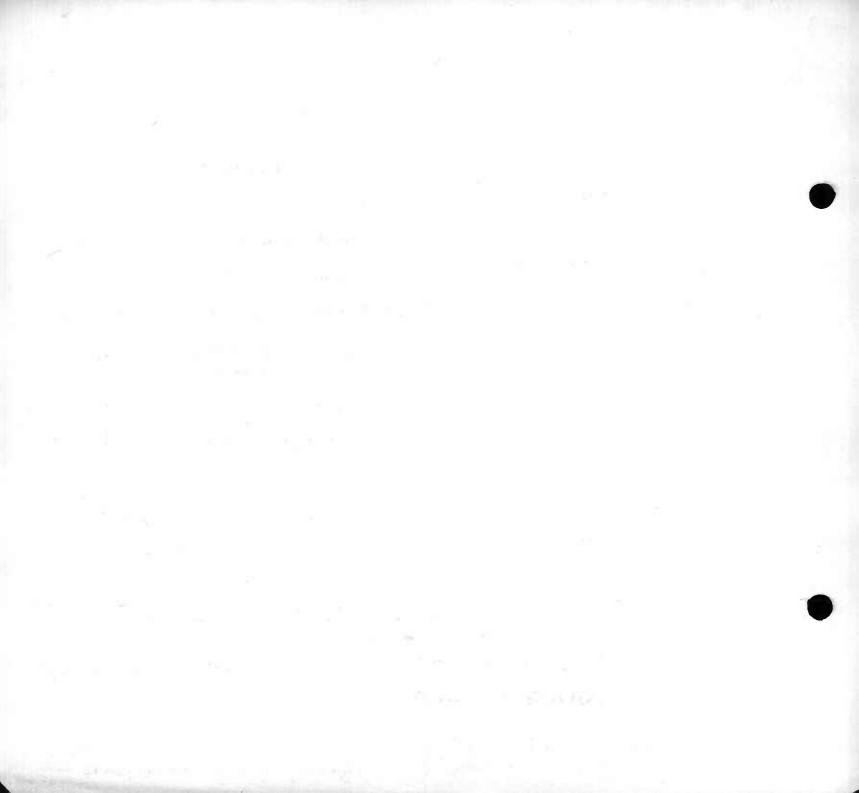
RIE	69 1	10990	MED	ICAI		AMINER				OF	DEAT	H REG.	NO	69	109	90
	NAME OF DE	CEASED						la DAYE							1	
	pe or Print)	GRACE	T.			FEHRER		2. DATE OF	Known		Month	Doy		Yeor	Hour	
4.	PLACE IN BA			HEDE D	PONO	UNCED DEAD		DEATH 3. DATE	Estimote	а U	Nov.	6		969	214	М.
FUI	LL NAME OF SPITAL INSTITUTION	(IF NO		LORINS		N, GIVE STREET		PRONOU	NCED DEA	No.	Month vember		1969	Yeor	8:15	A M.
ι	Jnion Me		Hospit	a1		(DOA))		farylar		deceased li	B. COUP		esidence b	7//	ssion)
6.	SEX	7. RACE	Will be	8. MARI	RIED	NEVER MARRIE	D	C. CITY OR	TOWN			D. INSI	DE CITY	LIMITS?		
I	emale	White	2	WIDON	WED 5	DIVORCE	D 0	Balti	more				YES		NO 🗆	
	2-2-18		10. AGE (In lost birthdoy	veors	If Und	der I Yr. If Under 2		E. STREET A					105			
-				07	10.61	I I			York	Kd.						
11.	Maryla Maryla		on country)			HAT COUNTRY?		John	G. Mo	olle	er					
14A	USUAL OCCU	PATION (Giv	e kind of work	4B. KIN	OF B	USINESS OR IND	USTRY	15. MOTHER	'S MAIDEN	MAN P	E					
dolle		ewife	en irretired)	Our	Ho	me		Berr	nadina	a Sc	chaef	er				
16.	WAS DECEAS		U.S. ARMED			17. SOCIAL		18. INFORM			71100 2	01	ADDI	PESS		
(Yes	s, no or unknown	(if yes, give	wor or dotes o	f service)	SECURITY NO					7/6 7	7				
-	19.					220-48-			DOTO	ores	B MOT	ler	28	ame		
	24/	214				CAUSE OF	- DEA	TH							PROXIMATE IN	
	DISEAS	E OR COND	ITION DIREC	TLY		Artorios	2010	rotio	ardia	7200	ular d	licon	00			
		ALLEI TOSCIETOLIC CATULOVASCUTAL UISEASE														
	(This does not the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:															
	injury or cor	heort loilure, osthenio, etc. It means the disease, injury or complication which coused death.)														
		ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO, OR AS A CONSEQUENCE OF:														
	DISEASES	OR CONDITI	ONS, IF ANY,	GIVING		DUE TO	O, OR	AS A CONSEQ	UENCE OF	:						
-	UNDERLYIN	G CONDIT	ION LAST.	NO INE		(a)										
Ó						(c)										
7	OTHER SIGN	ILFICANT CON	II	MYDIRI	TIME											
CERTIFICATION	TO THE DEA	ATH BUT NOT CONDITION	RELATED TO T	HE TERM	INAL						********					
跃	20A. DATE OF	F OPERATION	1 20B. CON	DITION	FORW	WHICH OPERATIO	N WA	S PERFORME	D				2	. AUTO	SY? (Yes	or No)
	2													Ye	S	
₹	22A. EXTER	NAL CAUSE	WAS		22B. PL	ACE OF INJURY	(e.g.,	in or obout 22	C. WHERE	DID (II	in Boltimor	e City, alv	e exect le			
MEDICAL	UNDERLYING UTING CA	USE OF DEA	TH.		home,	tarm, toctory, stree	t, office	bldg., etc.) IN	JURY OCC	UR?			G EXCELL	ocomon,		
	OF INJURY	(Monih) (D	oy) (Yeor)	(Hou		E.INJURY OCCUR			F. HOW D	ונאו סו	JRY OCCI	IR?			24 000	
	(APPROX.)				m. WH	ORK T	NOT AT W	WHILE								
	23.				****		711 11							-		
	1 cert	ify that I h	eld on In	quiry [Inspection 🗌	Aut	opsy XX	ond that	on thi	s basis,	death In	my on	nlon		
		ted from: N					vicid	7	nicide 🗌							
	1020.	~7	. /		1	Cident E	OICIG		_		ndetermi	rea moni	ner 🗀			
	ACTUAL	("	/ /	0 1		T. , 4			HIEF MEDI						DATE SIGN	VED
	SIGNATI		4	> ~	1	I THE	LM.D.	ASSIS	TANT MEDI	ICAL EX	AMINER	[X]				
		(ype) Char	rles S.	Spr	inga	ate, M.D.		ASSO	CIATE MEDI	CAL EX	AMINER			11-	6-69	
24 / RE/	A. BURIAL CRE/ MOVAL (Speci	MATION, 2	4B. DATE		24C.	NAME of CEME	TERY	OF CREMATOR	RY		CATION		town, or	county)	(Sto	
	Burial		11-10		Ho	oly Rede	eme	er Ceme	etery	Ba	altin	lore			Md.	
254	DATE REC'D	7 19	69 86		AME C	Bey, M.D.		25C. FI	Jenk	RECTOR	2	ns (ADDI Md .	4905	Yorl 212	kRd.
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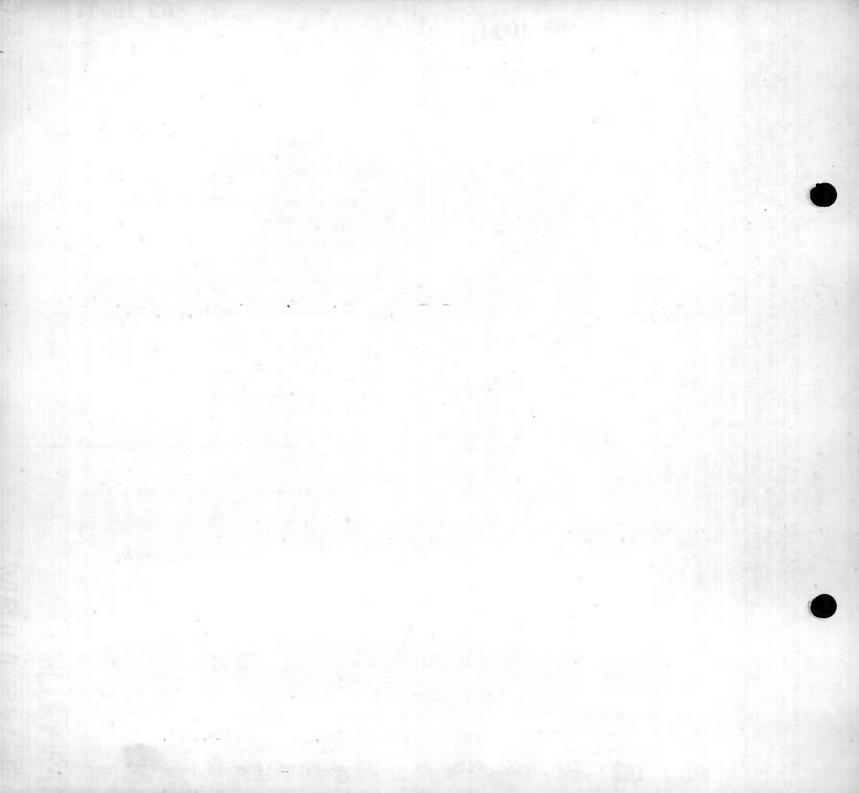


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War in Memoral there had a see see se 7/22/03 66 The second second second 64349 FRANK L. AMOUR F. 111 May Play Play Etc THE PROPERTY AND A STORY AND A Rosent Wooderd Experten 11/6/11/20 00 11/6/1 52/2/11 V BURNES SERVICE TO SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	Menical pensionary
accide to the total	
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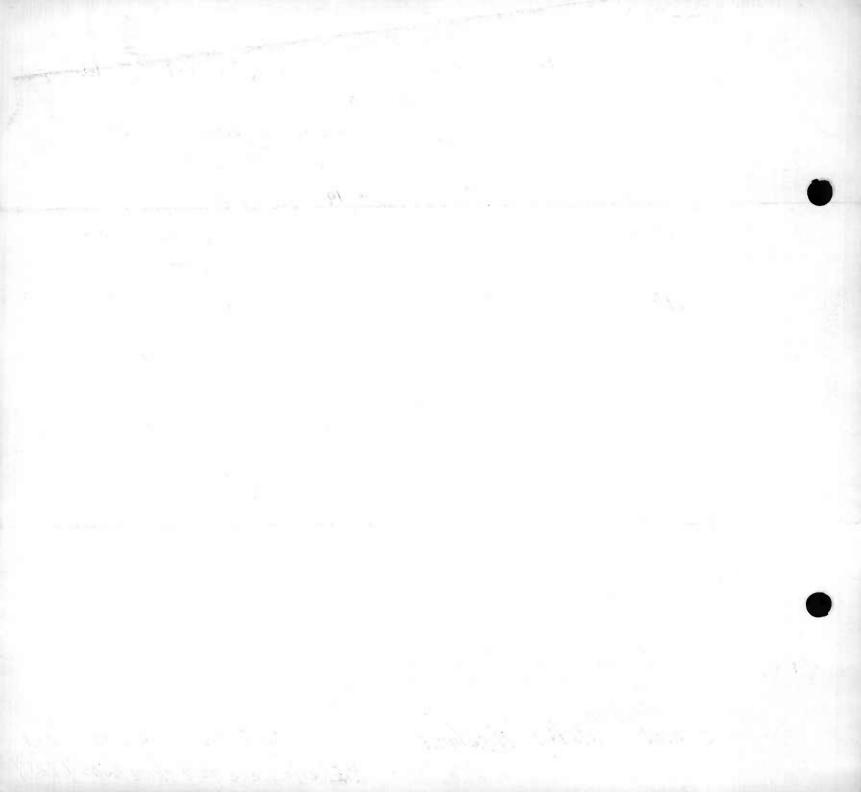
FUNERAL DIRECTOR: IMPORTANT

S-530 69 10		TE OF DEATH	× REG. NO. 69	10995				
1. NAME OF DECEASED Type or Print ARTHUR M.	amith SR	2. DATE AN	ND HOUR OF DEATH	1, 54				
3. PLACE IN BALTIMORE, MARYLAND, WHERE I		1) 10 1		Non: residence before admission)				
INSTITUTION ADDRESS OF EDUCATION)	INSTITUTION, GIVE STREET	c. CITY OR TOWN	D. INSIDE C					
University of Maryli	and Hospital	E. STREET AND NUMBER	` \\ -	s 🔀 NO 🗌				
MALE CAUCES BN WIDE	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years II Me	Under 1 Yr. II Under 24 Hrs.				
10A. USUAL OCCUPATION (Give kind of work 10B, Kildone during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lorei	gn country) 12	CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	ACCONOLUCE	14. MOTHER'S MAIDEN NAM	ME	U.S.A.,				
15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] Ill yes, give wor or dotos of sor	16. SOCIAL	17. INFORMANT	et laylon	ADDRESS				
tex knowns	the nown I stranger Court F. Smith 138 Bru							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying,	(A)IMMEDIATE CAU	SECARDIAC A	PRREST	2 Hours				
heart loiture, asthenia, etc. It means the disease, injury ar camplication which caused death.)								
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, g rise to the above couse (A) stating	iving (B) Houte	MUNCAPORAL A CONSEQUENCE OF:	INFARADI	U 7DAYS				
UNDERLYING CONDITION last.	(c) CARDI	ogenic she	CK	2 Hours				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM OF DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL							
19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED PROPULATION 21A. ACCIDENT WAS UNDERLYING		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDI	NOS CONSIDERED OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, off otc.)	or about 21 C. WHERE DID	(If In Boltimore City	, give exect location)				
ZID-TIME (Month) (Doy) (Yeoi) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21E. HOW DID INJU	PRY OCCUR?					
22. I certify that (1) (this hospital) attended the deceased fram Oct. 26 19 69 ta NOV. 2 19 69								
and hour and fram the causes stated above. (1) (We) (did) (did not) view the bady ofter death.								
Charles L. Cromwell, M. Attending Med. Director Phys. 23B. DATE SIGNED 123C. PHYSICIAN'S 123D. ADDRESS								
NAME IType Charles L. Cromwe	11 M.D. DEGREE	U.of Md. Hos	pt.	,				
REMOVAL (Specify)			CATION (City, town	rn, or county) (Stote)				
25A. DATE REC'D BY HEALTH DEPT. 25B. NA NOV 7 1869 P. B. & C. V. 150-REV. 1/1/68	Parkwood Cemeter Me of Registrar Legistral			ADDRESS OO York Rd.21212				

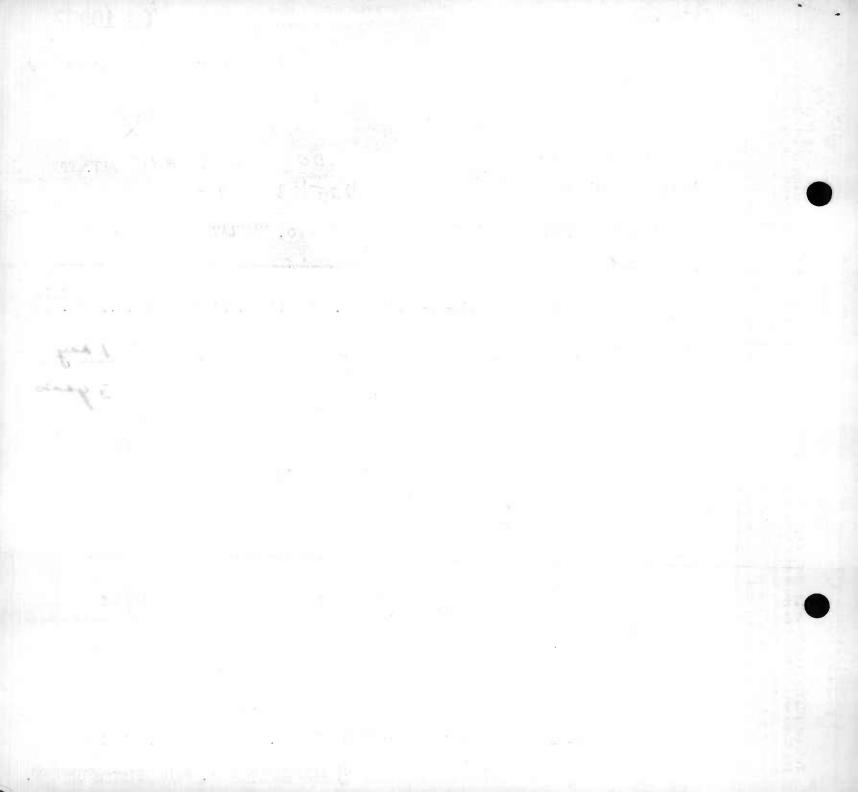
REPLY WOULD BE SHOWN IN THE

FUNERAL DIRECTOR: IMPORTANT

G-360 69 10000 BALTIMORE CI	TY HEALTH DEPARTMENT X REG. NO. 69 10996							
BIRTH NO. 69 10996 CERTIFIC	ATE OF DEATH REG. NO. 03 10336							
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH							
THOMAS U GAITHER	how. S. 1969 - P.							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN Ballo. 5300							
MARYLAND GEN. HOSPITAL	BALTIMORE 2/207 YES NOT							
-1/9	E. STREET AND NUMBER							
SEX 6. RACE 7. MARRIED AND TO ALL THE PARTY OF THE PARTY	2114 St. Lufers Fine							
MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.							
0A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST:	2-19-1904 65 RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAY COUNTR							
lone during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAY COUNTR							
RETIRED 3. FATHER'S NAME	BALTIMORE, WD. USA.							
WITH THE STATE OF	14. MOTHER'S MAIDEN NAME							
5. Was Doceased Ever in U. S. Armod Forces? 16. SOCIAL	LOTTIE STREET							
5. Was Deceased Ever in U. S. Armod Forces? Yes, no or unknown) (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT MRS JUNES JACORS							
703-03-89								
18. 4 19 2 CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT							
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT							
(This day at most the most thing (A) IMMEDIATE CAUSE a cuto Respiratory disrifficurely 2 day								
heart failure, asthenia, etc. It means the disease	S A CONSEQUENCE OF:							
injury or complication which coused death.)								
ANTECEDENT CAUSES	rencho meumoria 2 Days							
DISEASES OR CONDITIONS, il any, giving ise lo the above couse (A) stoting the	S A CONSEQUENCE OF:							
UNDERLYING CONDITION lost, (C) Chur	ne obtructine Pulumny Desere JEARS.							
z	0.5							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Grash	e start Farling, 20 Cor Pulannolo							
DISEASE OR CONDITION GIVEN IN PART 1 (A).								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomined) 21D. TIME OF INJURY (APPROX.) 21B. PLACE OF INJURY (e.g., home, form, foctory, street, old.) 21D. TIME OF INJURY (APPROX.) While A1 Not Whork A1 Work	20A- AUTOPST? IVes of No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	In or about 21 C. WHERE DID (II In Boltimore City, give exact location)							
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg. INJURY OCCUR?							
2 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED								
DE 1715-TIME (Month) (Doy) (Yeor) (Hour) 21 E INJURY OCCURRED (APPROX.) White At No. Wh.	21F. HOW DID INJURY OCCUR?							
	K LJ							
22. I certify that (1) (this haspital) attended the deceased from	10-26 1969 to 11-5 1969							
that (1) (we) last saw the deceased alive on	19 67 and that In(my) (our) opinion death occurred on the dat							
and hour and from the causes stated above (1) (We) (dld) (dld not)	view the body after death.							
23A. SIGNATURE	23 B, DATE SIGNED							
	tending Med. Staff							
23C. PHYSICIAN'S	123D. ADDRESS							
ANGECUTA A. TOPACIO, IND DECEMBER	MAKYLAND GEN. HOLP.							
AA. BURIAL CREMATION 1248 DATE / 1245 NAME of CEASTERN	EL STATE TO BY							
REMOVAL (Specify)								
DURIA 1/18/69 MORE GANCE SA. DATE REC'D BY HEALTH DEPT. 1258, NAME OF REGISTRAR	Tay be UVA Balto ma							
	25C. FUNERAL DIRECTOR ADDRESS ADDRESS							
MOO CAROLS IN AMERICAN LINE OF	OVISCHE / Blitede fold Home 6500 YORKA							
5 150-REV. 1/1/6B								



1	2-410		BALTIMORE CITY	HEALTH DEPARTMENT		00 10000				
B	RTH NO.	69 100	97 CERTIFICA	TE OF DEATH	REG. NO	69 10997				
1.	NAME OF DECEASED	00 100	13.6		D HOUR OF DEATH					
	SLOCK 3	Louis			31-69	10:30 PM				
3.	PLACE IN BALTIMORE	MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceosed lived. If ins	titution: residence before admission				
F	ULL NAME OF (IF	NOT IN HOSPITAL OR IN:	STITUTION, GIVE STREET	hid,		2821				
ii)	ISTITUTION	DERESS OF FOCATION		C. CITY OR TOWN	DE CITY LIMITS?					
1	Hole			E. STREET AND NUMBER		YES NO				
	/ SINAI 18	L ATIG201		6600 El	20 #	15				
5,	SEX 6. RAC		ED NEVER MARRIED	8. DATE OF BIRTH	% AGE (In yeers	If Under 1 Yr., If Under 24 Hrs. Menths; Doys Hours; Min.				
	MALE	W HITE WIDOW	ED DIVORCED	 	10	Menths Doys Hours Min.				
do do	A. USUAL OCCUPATION no during most of working li	(Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State er forei	gn ceuntry)	12. CITIZEN OF WHAT COUNTRY				
	XXXXXXX	1	GROCER	BALTO, MA	RYAAND	AZU				
13	FATHER'S NAME			14. MOTHER'S MAIDEN NAM						
	UNKNOW	•		ANNA ?						
15. (Ye	Was Deceased Ever in s, ne or unknown) (If yes,	U. S. Armed Ferces? give wer er detes el servic	1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS HO101F				
L		ARMY WWI	218-32-0976A	MRS. ELLA BLOC	K. 6600 EBER	#21215 LE DR. APT. 203				
	18.4/2.4	- 1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR'C	ONDITION DIRECTLY		n	A					
	1This does not mean	the made of dving.	G. (A) IMMEDIATE CAU	SE fulurus lu CONSEQUENCE OF:	1 day					
	injury or complication	o, etc. It means the disea which coused death.)								
	ANTECE	DENT CAUSES	(0)	ISCU I)	3 years					
	DISEASES OR COM	IDITIONS, if any, givi	***************************************	***************************************						
	UNDERLYING CONE	OITION lost	(C)							
_		11								
51	OTHER SIGNIFICANT CO									
CERTIFICATIO	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes et Ne) 20B, IF YES, WERE FINDINGS									
ERTI	0	WAS PERFORMED			208, IF YES, WERE FIN	ES OF DEATH?				
_	21A ACCIDENT WAS	UNDERLYING 2	B. PLACE OF INJURY (e.g., in ome, ferm, foctory, street, offi	or obout 21C, WHERE DID	(II In Beltimere	City, give exact lecotion)				
CA	DEATH (netify medical	exemined	tc.)							
MEDICAL	OF INJURY		L INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?					
	(APPROX.)		While At While Nork Nork Nork							
	22. 1 certify that (1) (this hospital) attended the deceased from 10/12/69 19 to 10/31/69 19									
	that (1) (we) jost saw the deceased alive on 10/3/67 19 ond that in (my) (our) opinion death accurred an the date									
	and hour and from the couses stated abave. (1) (We)(did) (did nat) view the bady after death.									
	23A. SIGNATURE	γ	Atten	المساورة المساورة		3B. DATE SIGNED				
	23C.PHYSICIAN'S	4	DEGREE Phys.	Director L 1	hys. D	10/31/69				
	NAME (Type)	1812	2;	D. ADDRESS						
24/	PAPAEL SURIAL CREMATION	LEVITH, MD.	NAME OF CEMETERY OF CREA	MIGZOH IANIS						
	REMOVAL (Specify)					tewn, er countyl (Stole)				
254	BURTAL A DATE REC'D BY HEAD			LINGTON) W. R	OGERS AVENUE	100000000000000000000000000000000000000				
	NOV 7 1969	Pales & Jak			C PRAG /Ata	ADDRESS				
VS	150-REV, 1/1/68	<u> </u>	7 3	JOAR PENINZON	BKUS 6010	REISTERSTOWN RD.				

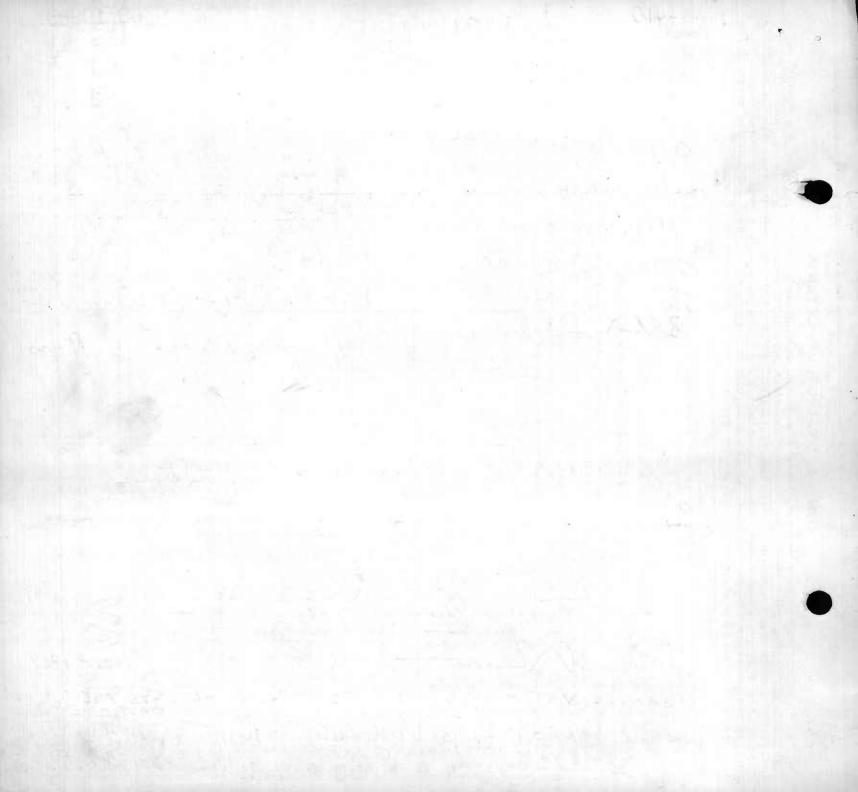


M -46	60 69	1099	0	TE OF DEATH	REG. NO	69	10998			
NAME OF DEC		rt G. Mi			AND HOUR OF DEATH		8:30A			
PLACE IN BAL	Montfort	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased live. If i	nstitution: re	sidence before odmission			
TULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	ITAL OR INSTIT	UTION, GIVE STREET	Maryland C. CIV OF TOWN Baltimore	CaltaCo	SIDE CITY LI	MITS?			
42	Sinai Hos	spital		E. STREET AND NUMBER 2909 Fallsta	66 Road. Ant	40.4	21209			
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	16 11 1	1 Yr. , If Under 24 Hrs.			
Male	(116:4-	WIDOWED		10-18-09	lost birthdoy)	Months	Doys Hours Min.			
A. USUAL OCCI			BUSINESS OR INDUSTR			12. CITIZ	EN OF WHAT COUNTRY			
_	working life, even if retired)		0 ** 4							
PROPE FATHER'S NAM	ritor	Kea	l Estate	Russia	ANAP	us	a			
				14. MOTHER'S MAIDEN N						
	er Miller			Anna Helfa	nd					
. Was Deceased	Ever in U. S. Armed Fo	orces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS			
Yes	WW II A		1.000	064 Mrs. Evelyn	C 11:00a4		pt. 43 #09			
18. / / /	O 11 N	uny	CAUSE OF DEAT		s. Miller,	2709 F	APPROXIMATE INTERVAL			
4/11.	94200	249	0/1002 01 52/1		1	8	ETWEEN ONSET AND DEATH			
DISEAS	LEADING TO DEATH			DAMMASIL	1/21 Dulai.	4	2611			
(This does n	not mean the made a		(A) IMMEDIATE CA	A CONSEQUENCE OF:	momore	/	Jivw.			
heart failure,	asthenio, etc. 11 meon	is the disease,	DUE TO, OK AS	A CONSEQUENCE OF:						
	nplication which couse		C4()			10 111 11				
1	ANTECEDENT CAUSE	S	- J.//.P	,		10140				
	OR CONDITIONS, IF	,	DUE TO, OR A	S A CONSEQUENCE OF:			/			
	e abave cause (A) G CONDITION last,	storing the	(c)							
	11	_		1.1 1.	*					
	FICANT CONDITIONS CO		Deal	retes melle	tus					
DISEASE OR C	ONDITION GIVEN IN PA	ART 1 (A).	WHOLE OBJECTION	120.4 41172724	Na) 200 te ve	SINIBINICA	CONCIDENCE			
19A. DATE OF		REFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WERE IN CERTIFYING CA	USES OF E	DEATH?			
				1 1016						
OR CONTRIBU	NT WAS UNDERLYING JTING CAUSE OF medical examiner	21 B horr etc.	ie, form, foctory, street,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give	exoct lacotion)			
21D. TIME	(Month) (Doy) (Year	r) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?					
(APPROX.)			ile At Not Whi		,					
		Wo			-	- 40				
22. I certify	22. I certify that (1) (this haspital) attended the deceased from 19 50 to Asland 19									
that (I) (we)	last saw the deceas	sed alive an		14 1969 and	that in (my) four) ap	inian deat	h accurred an the dat			
and haur and	and have and from the causes stated above. (I) (We) (did) (did not) view the body after death.									
	23 B, DATE SIGNED									
	VARAD DI	11000	MA D AH	ending Med.	Staff	11	11/160			
PSOM	1 W 1 X X X Y 1	UXUN	DE GREE Ph		Phys. 🗀	11/	4/07			
Gen	N°S	/1		23D. ADDRESS		/	1 /			
Sen 23C. PHYSICIA NAME (T		20 50	0	23D. ADDRESS	a nital	/	/			
		gin, m	O. DEGREE	Sinai Ha	spital	/				
NAME (T	nard Bury Mation, 248. Date	gri, M 24C.N.	DEGREE	Sinai Na	point	Lity, town, o	r county) (Stote)			
AA. BURIAL CREA	marion, 248. Date			Sinai All						
AA. BURIAL CREA	marion, 248. Date			Sinai Alla REMATORY 24D.	GARRISON FOR		MARYLAND			
AA. BURIAL CREA	MATION, 248. DATE Specify) 8Y HEALTH DEPT.		SE HARTISINAI	Sinai All	GARRISON FOR	EST RD				

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IMPORTANT

DIRECTOR:



BALTIMORE CITY HEALTH DEPARTMENT	69 11000
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO	00 11000
1. NAME OF DECEASED 2. DATE Known Manth Day	Year Hour
(Type or Print) OF Street O	redi Mour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day	Year Hour
FILL NAME OF (IF NOT IN HOSPITAL OF INSTITUTION GIVE STREET PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION)	69 6:40 A.M.
A STATE R COUNTY	residence before admission)
Lutheran Hospital Maryland	1504
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
Male Negro widowed □ Baltimore ye	s 🗓 NO 🗌
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E, STREET AND NUMBER Months, Days, Haurs, Min.	
Mar. 13, 1919 50 3920 Duvall Avenue	
11 BIRTHPLACE (State or foreign country) - 12. CITIZEN OF 13. FATHER'S NAME	,
Obed Allers	in
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	710
dome huring mast of warking life, eyen if retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT AL	DDRESS
(Yee, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	Yan and A
The second of th	APPROXIMATE INTERVAL
CAUSE OF DEATH	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE CAUSE ACUTE delirium tremens	
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc., it means the disease, individual control of the complication of the co	cture of pelvis
injury or camplication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
HNDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
8	37.00
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., in or about 22C. WHERE DID (if in Baltimare City, give exa	yes yes
ONTRIB- home, larm, factary, street, affice bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. Street 2900 blk. Garrison Bly 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED (3) 22F. HOW DID INJURY OCCUR?	rd.
OF INJURY	
(APPROX.) 10 30 69 10 Pm. WORK NOT WHITE AT WORK Pedestrian struck by au	ito
resulted from: Natural couses Accident Suicide Homicide Undetermined manner	
ACTUAL CHIEF MEDICAL EXAMINER X	DATE SIGNED
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S PROGRAM OF THE STATE	11 0 60
NAME (Type) Russell S. Fisher, M.D.	11-3-69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town REMOYAL (Specify)	n, ar county) (State)
Yournal nov 6 1969 Partimen not Come 550 Jackingthe	Balto Miss
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25Ø FUNERAL DIRECTOR	DDRESS 1
NOV 7 1989 Pout & Jaben M.D. (Mescal & Kum) 7177	n. M. col
Jerge 1.1100 22221	V. Mauli Ge
VS 151-REV. 1/1/68	

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